

**[Report 1954] / School Medical Officer of Health, Glamorgan County Council.**

**Contributors**

Glamorgan (Wales). County Council. nb2014013905

**Publication/Creation**

1954

**Persistent URL**

<https://wellcomecollection.org/works/apdf8fba>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

# **Glamorgan County Council.**

---

## **EDUCATION COMMITTEE.**

---

# **Annual Report**

OF THE

## **Principal School Medical Officer**

ON

### **Medical Inspection of Children in Maintained Primary and Secondary Schools for the Year 1954**

BY

**W. EVAN THOMAS, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.**

---

CARDIFF :

**WILLIAM LEWIS (PRINTERS) LTD.**

**1955**



*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for year ended the 31st December, 1954, which has been prepared by my Deputy, Dr. R. T. Bevan, to whom I am greatly indebted for his valuable assistance at all times.

The statistical details are compiled from the returns made by the Divisional Medical Officers, reflecting the work done by the Medical Officers, School Nurses, and others in carrying out their routine duties. I am pleased to record that their interest in the health of the pupils is as keen now as ever. This is as it should be; if it were not so, the service would soon become discredited now that parents can readily obtain advice from the family doctor and, if required, the paediatrician at the hospital. The School Medical Officer must maintain a link with both, particularly where the treatment and education of handicapped pupils are concerned, and also with the teaching staff, who are always most co-operative.

The medical inspection of children during their first year at school, during the last year at a primary school, and during the last year at a secondary school, has been adhered to and all children in these groups have been examined, 31,360 routine examinations being made, which is less than in 1953. There is a reduction in the number of special examinations and re-examinations.

Much time has been devoted to the ascertainment of handicapped pupils, 150 of whom have been newly placed in Special Schools during the year. Previously it has been frustrating, not only to the schools but also to many parents that there have been few vacancies available for certain categories, in particular the Physically Handicapped and Educationally Sub-normal.

Early in the year the opening of "The Hendre" Residential School for Boys in the latter category was an event which had been eagerly awaited. This school has settled down to a happy regime and is already showing results in the steady progress of the boys in attendance. Mr. I. G. Anderson, the Headmaster, who has contributed an account of the first year, and his staff are to be congratulated on the progress made. The problem of boarding school provision is not entirely solved, however, as there are 225 awaiting admission, mostly girls, and a new school for them is still needed.

Following unavoidable delays the building of the school for Physically Handicapped children, which has been so much in the mind of the Committee, will soon be commenced at "Erw'r Delyn," Penarth. In the meantime many of the children awaiting admission are being provided for by home tuition, 46 being assisted by this means.

The care of spastic children has received considerable attention recently, the impression often being given that they are a neglected group. This has not been so in Glamorgan, where all available resources have been called upon pending the erection of the new school, not only for this section of the physically handicapped but also for the mentally handicapped.



handicapped, but also others equally in need. The Medical and Special Services Committee have always been in the forefront with any necessary scheme for the handicapped child and their efforts have borne excellent results as, for example, at the Bridgend Blind School. This school was inspected by Her Majesty's Inspectors in February, 1954, and their report confirmed to the full the impression gained that the school had made good progress since the appointment of Mr. Exley as Principal. He refers in his account of the year's work to the visit of the Inspectorate and has good reason to be proud of their praiseworthy remarks.

The education of the young deaf child has also received consideration during the year and the centres at Pontypridd and Neath for the instruction of parents in their care were continued. The visit of Professor and Mrs. Ewing to the Annual Health Visitors' Course at Dyffryn was arranged with the object of instructing the Health Visitors in the early detection of deafness. It also afforded an opportunity of discussing with these two experts the problems of deafness and the future policy regarding nursery provision and one of the outcomes has been the decision to proceed as soon as possible with the erection of a new nursery. Arrangements are also being made to send selected health visitors to the courses arranged at the Manchester University Department for the Deaf.

The audiometer survey was continued and, having completed the eastern end of the County, arrangements were made for the examination of pupils in the Mid-Glamorgan Division. Dr. Kathleen Davies, the Divisional Medical Officer, comments on the results of 457 who failed to pass the test, in 203 failure was due to wax which was removed at the follow-up clinic, while 88 had catarrhal deafness and 78 otorrhoea.

Speech Therapy Clinics are now held in each division and of 648 cases seen, 237 were discharged as cured, and if those with improved speech are added to this number, 50 per cent derived benefit from the therapy provided, which is disappointing, being partly accounted for by the high defaulting rate.

The Child Guidance Clinics facilities have been extended during the year and Dr. Bevan refers to this aspect of the work and also to a survey which he has undertaken of children in care. His findings show the effect of deprivation on their educational progress, 44.5 per cent being more than two years retarded. This again emphasises the importance of a good home background and the work of the department with other social agencies in this field must be towards the building up of healthy home life.

Mr. John Young, L.D.S., the Principal Dental Officer, in his report again draws attention to the shortage of dental staff and the consequences of this. Full-time school dentistry is still not sufficiently attractive to dentists, and the duty laid on the Authority to provide a comprehensive system of free dental treatment is not easy of implementation, despite assistance on a sessional basis from private dentists. Parents are aware of the difficulties and many now obtain treatment for their children under the National Health Service; in some areas of the County approximately 50 per cent of appointments made following dental inspection are refused because treatment is being obtained elsewhere.

The only major staff change in the past twelve months was the retirement of Dr. D. J. Thomas, Principal School Medical Officer for the Rhondda Exceeded District. Dr. R. B. Morley-Davies, who we are pleased to welcome as his successor, has reported on the work of this Division, which has, even more so than the rest of the County, been handicapped by the shortage of medical staff.



While it is only possible in this preface to report on a few of the major features of the year's work, it does afford me the opportunity of thanking most sincerely all those who have carried out their duties so assiduously.

Finally, I must once again thank the Chairman, County Alderman Llewellyn Heycock, and members of the Education Committee for their encouragement, and in particular Alderman Mrs. Rose Davies, C.B.E. the Chairman of the Medical and Special Services Sub-Committee, whose enthusiasm in the interests of the children of Glamorgan never wanes.

I am,

Your obedient servant,

**W. E. THOMAS,**

*Principal School Medical Officer*

# PRINCIPAL SCHOOL MEDICAL OFFICER'S DEPARTMENT.

## STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1954 as follows :—

### PRINCIPAL SCHOOL MEDICAL OFFICER.

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

### DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

R. T. BEVAN, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

### SENIOR MEDICAL OFFICER.

GWGLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

### DIVISIONAL MEDICAL OFFICERS.

J. LLEWELLYN WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

E. C. POWELL, M.R.C.S., L.R.C.P., D.P.H.

KATHLEEN DAVIES, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

H. R. STUBBINS, M.D., D.P.H.

T. ISLWYN EVANS, M.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

D. H. J. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.

G. E. DONOVAN, M.SC., M.D., B.CH., B.A.O., D.P.H.

### SENIOR ASSISTANT MEDICAL OFFICER.

MOREEN WHELTON, M.B., B.S., B.SC., B.A.O., M.R.C.S., L.R.C.P., D.P.H.

(Assistant Medical Officer to 31st March, 1954.)

### ASSISTANT MEDICAL OFFICERS.

N. K. CONTRACTOR, M.R.C.S., L.R.C.P.

PATRICIA H. EVANS, M.B., B.CH.

AMY L. JAGGER, M.D., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

ALYS M. JENKINS, M.B., B.CH., B.SC.

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.

BRENDA M. MEAD, M.B., B.CH., C.P.H.

IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H.

WINIFRED E. PROBERT, M.R.C.S., L.R.C.P., D.P.H.

ENID REED, M.B., B.CH.

OLWEN V. REES, M.B., B.CH.

JACK ROSEN, M.R.C.S., L.R.C.P.

DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

### Temporary.

BERYL A. DAVIES, M.B., B.CH., B.SC.

MARGARET R. DAVIES, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

E. JOYCE JENKINS, M.B., B.CH. (To 7th April, 1954.)



*Temporary—continued.*

- ESME S. JENKINS, M.B., B.CH., D.R.C.O.G.  
 ALLEN SPENCER JONES, M.B., B.CH., B.SC.  
 A. ELIZABETH JONES, M.B., B.CH., B.A.O., D.G.O., L.M.  
 JOHN K. JONES, L.M.S.S.A.  
 KATHLEEN E. J. JONES, M.R.C.S., L.R.C.P., C.P.H.  
 I. M. L. KEBLE-WILLIAMS, M.B., B.CH., B.SC., D.R.O.C.O.G.  
 PATRICIA M. LEWIS, M.B., B.CH., B.SC. (From 23rd August, 1954.)  
 JENNET REES, M.B., CH.B., D.P.H.  
 NANSI G. REES, M.B., B.CH., B.SC., D.C.H. (To 11th May, 1954.)  
 NANO J. SUMPTION, M.B., B.CH., B.SC. (From 13th October to 31st December, 1954.)

*Part-time.*

- I. A. BOLZ, M.D. (Vienna), D.P.H. (From 1st February, 1954.)  
 D. P. COYNE, M.B., B.CH., B.A.O.  
 G. M. DAVIES, M.B., CH.B., C.P.H.  
 PHILIPPA DYSON, M.B., B.CH., M.R.C.S., L.R.C.P. (To 10th March, 1954.)  
 MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G. (To 17th August, 1954.)  
 D. H. ISAAC, M.R.C.S., L.R.C.P.  
 PATRICIA M. LEWIS, M.B., B.CH., B.SC. (To 21st August, 1954.)  
 NANO J. SUMPTION, M.B., B.CH., B.SC. (From 13th July, 1954, to 9th October, 1954.)  
 C. E. THOMAS, M.B., B.CH.

*CONSULTING ORTHOPAEDIC SURGEONS.*

- DILLWYN EVANS, F.R.C.S.  
 G. ROWLEY, F.R.C.S.  
 E. W. MEURIG WILLIAMS, B.SC., M.B., B.CH.

*CONSULTING OPHTHALMOLOGIST.*

- R. E. PACKER, M.B., CH.B., D.O.M.S.

*CONSULTANT PAEDIATRICIAN.*

- F. W. NASH, M.D., B.S., M.R.C.P.

*PRINCIPAL SCHOOL DENTAL OFFICER.*

- JOHN YOUNG, L.D.S., R.C.S.

*ASSISTANT DENTAL OFFICERS.*

- RHYS L. GRIFFITHS, L.D.S., R.C.S., B.D.S. (From 1st May, 1954, to 12th June, 1954.)  
 F. J. A. KAVANAGH.  
 C. I. T. MORGAN, L.D.S., R.C.S.  
 H. P. R. WILLIAMS, L.D.S., R.C.S.

*Part-time.*

- D. J. ANDREWS, L.D.S. (To 25th February, 1954.)  
 R. CLUNEY.  
 A. J. P. COUSINS, L.D.S., R.C.S., D.D.O., R.F.P.S. (From 11th November, 1954.)  
 MARY M. M. DAVIES, L.D.S.

*Part-time—continued.*

- T. J. DAVIES, L.D.S.  
 D. R. EDWARDS, L.D.S.  
 B. T. EVANS.  
 F. G. EVANS, L.D.S.  
 G. V. GIBBS, L.D.S., R.C.S.  
 RHYS L. GRIFFITHS, L.D.S., R.C.S., B.D.S. (From 14th June, 1954.)  
 D. HAMILTON, L.D.S.  
 C. W. JEFFREY.  
 E. HEVIN JONES, L.D.S.  
 D. MACDOUGALL, L.D.S.  
 R. DREW MORGAN.  
 W. A. PEACH, L.D.S.  
 P. T. RAKE.  
 F. L. RICHARDS, L.D.S., R.C.S. (From 23rd March, 1954, to 30th October, 1954.)  
 D. G. E. ROBERTS, B.D.S., R.C.S.  
 C. O. B. STIBBS, L.D.S., R.C.S.  
 J. M. THOMAS, L.D.S., R.C.S.  
 PAULINE THOMAS, L.D.S., R.C.S. (From 6th September, 1954.)  
 W. R. THOMAS, L.D.S.  
 A. W. TIPPLE.  
 R. G. WATKEYS, L.D.S., R.C.S. (From 29th March, 1954, to 10th April, 1954.)  
 C. G. WILLIAMS, L.D.S., R.C.S. (From 12th April, 1954.)

*SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE.*

- ELLEN G. WRIGHT, S.R.N., S.C.M., H.V.CERT.

*DIVISIONAL SUPERINTENDENTS OF HEALTH VISITORS AND SCHOOL NURSES.*

- J. M. DAVIES, S.R.N., S.C.M., H.V.CERT.  
 MARY MORGAN, S.R.N., S.C.M., H.V.CERT.  
 G. M. CROMWELL, S.R.N., S.C.M., H.V.CERT.  
 CERIDWEN JONES, S.R.N., S.C.M., R.F.N., H.V.CERT.  
 C. M. WILLIAMS, S.R.N., S.C.M., H.V.CERT.  
 O. M. HOWELLS, S.R.N., S.C.M., H.V.CERT. (From 11th March, 1954.)  
 E. C. THOMAS, S.R.N., S.C.M., C.S.I.  
 W. G. GRIFFITHS, S.R.N., S.C.M., H.V.CERT.

*RHONDDA EXCEPTED AUTHORITY.**DISTRICT SCHOOL MEDICAL OFFICER.*

- D. J. THOMAS, M.B., B.S., B.SC., D.P.H. (To 31st August, 1954.)  
 R. B. MORLEY-DAVIES, M.B., B.CH., B.SC., D.P.H. (From 1st September, 1954.)

*ASSISTANT SCHOOL MEDICAL OFFICERS.*

- PATRICIA HERDMAN, M.B., B.CH., M.R.C.S., L.R.C.P.  
 JOY A. MASON, M.B., B.CH.  
 R. B. MORLEY-DAVIES, M.B., B.CH., B.SC., D.P.H. (From 11th January to 31st August, 1954.)  
 M. SHRINAGESH, M.B., B.S., D.P.H. (From 2nd February, 1954.)



*CONSULTING ORTHOPAEDIC SURGEON.*

NATHAN ROCYN JONES, F.R.C.S.

*ASSISTANT DENTAL OFFICERS.*

MARGARET E. BYRNE, B.D.S.

*Part-time.*

ALUN R. OWEN, I.D.S.

D. G. E. ROBERTS, B.D.S., R.C.S.

*SUPERINTENDENT OF HEALTH VISITORS AND SCHOOL NURSES.*

LILIAN MORGAN, S.R.N., S.C.M., H.V.CERT.

*NURSING AND ANCILLARY STAFF (INCLUDING RHONDDA).*

The total number of Health Visitors and School Nurses (excluding Superintendents) in the employment of the Authority on the 31st December, 1954, was 111.

The time devoted to School Health Service work during the year is equivalent to the whole-time 34.58 nurses.

The staff engaged in ancillary services included :—

- two whole-time physiotherapists ;
- five whole-time speech therapists ;
- ten whole-time and three part-time dental attendants ;
- two audiometricians (school nurses employed whole-time on audiometric duties)

The following statistics give an indication of the work of the Department during the last ten years.

# BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1944-1954.

	1944.	1949.	1950.	1951.	1952.	1953.	1954.
<b>STAFF.</b>							
i) Assistant Medical Officers ..	9‡	25	27	27	29	28	31
ii) Consultants .. ..	1	4	4	4	4	5	5
iii) Dental Surgeons .. ..	12	12	13	9	9	11	10
iv) School Nurses .. ..	27§§	110	119	125	127	130	124
<b>MEDICAL INSPECTION.</b>							
(i) Routine Examinations ..	14,214	33,668	29,232	28,973	31,381	34,746	31,360
(ii) Special Examinations ..	1,934	8,030	8,341	9,550	9,155	9,060	6,923
(iii) Re-examinations .. ..	7,782	28,455	24,931	20,147	18,269	23,543	21,805
Totals .. ..	23,930	70,153	62,504	58,670	58,805	67,349	60,088
<b>DENTAL INSPECTION.</b>							
(i) No. of children inspected by School Dentists .. ..	15,359	36,828	51,479	35,790	31,765	36,550	27,426
<b>TREATMENT.</b>							
(i) No. of Treatment Centres ..	34	50	48	51	53	55	58
ii) Attendances at School Clinics.							
(a) Dental .. ..	19,032	48,942	48,970	38,871	42,498	48,254	52,575
(b) Refraction .. ..	4,613	11,824	12,068	10,862	11,741	11,509	11,686
(c) Orthopaedic .. ..	2,306	11,011	10,066	12,170	11,140	14,537	14,285
(d) Minor ailments .. ..	—	12,757	10,797	9,241	9,140	8,698	7,620
(e) Speech Therapy .. ..	—	3,526	3,641	5,144	8,853	12,392	13,900
Totals .. ..	25,951	88,060	85,542	76,288	83,372	95,390	100,066
iii) Treatment.							
(a) No. of teeth extracted	16,965	41,552	49,245	33,809	34,358	36,146	37,926
(b) No. of fillings .. ..	5,835	13,592	10,987	7,654	9,485	11,651	13,896
(c) No. of other operations	3,292	10,410	6,740	6,590	7,445	8,194	8,635
Totals .. ..	26,092	65,554	66,972	48,053	51,288	55,991	60,457
<b>SCHOOL NURSES.</b>							
i) No. of examinations of children at school for uncleanness .. ..	265,111	290,576	298,550	310,127	333,824	325,939	320,366
ii) No. of re-examinations ..	27,158	77,789	75,637	76,542	77,867	24,921	22,189
iii) No. of visits paid to homes ..	33,517	36,065	28,104	27,761	28,072	24,693	19,905

‡ Including two temporary Assistant School Medical Officers.

§§ Including two trained Orthopaedic Nurses (one temporary) and eight temporary School Nurses.

|| Including four temporary Assistant Dental Officers (three part-time).

The figures for 1949 to 1954 relating to Staff are expressed in terms of equivalent full-time officers and include time devoted to general health services. Details in respect of the Rhondda Exempted District are also included.



## 1. SCHOOL MEDICAL INSPECTION.

When the School Health Service came into being, more than forty years ago, periodic inspection of pupils was its primary function. Medical defects are still sometimes brought to notice for the first time at these inspections. Health education of parents has made them more aware of the importance of the health of their children and it is now very uncommon for serious conditions to remain undetected until school age. However, periodic inspections in schools still have a useful purpose and the interview between the parent and the school doctor gives anxious parents an opportunity of discussing the health of the child, even although there is no physical condition which would normally justify a medical consultation.

The School Health Service could be of immense value in the study of the normal child. It is becoming more and more apparent that normality extends over a wide range but research into normality is still inadequate.

### *General Condition.*

The following table shows the percentage of children who have on routine inspection been classified as of poor general condition:—

PERCENTAGE OF PUPILS CATEGORISED AS OF POOR NUTRITION, 1950-54.

Division	Entrants					2nd Age Group					3rd Age Group			
	1950	1951	1952	1953	1954	1950	1951	1952	1953	1954	1950	1951	1952	1953
Aberdare and Mountain Ash ..	0.56	0.81	0.61	0.17	0.16	Nil	1.37	1.40	0.23	0.79	0.55	1.89	0.31	0.57
Caerphilly and Gelligaer ..	7.20	9.85	6.92	4.95	3.10	12.76	12.07	10.02	5.76	2.46	6.30	5.08	4.48	2.49
Mid-Glamorgan .. ..	1.98	2.52	3.57	1.53	0.51	2.84	5.96	5.26	3.51	0.63	1.42	1.66	2.30	0.62
Neath and District .. ..	5.43	3.18	2.95	2.27	1.63	3.04	1.06	2.16	2.90	0.91	1.53	1.60	7.51	3.25
Pontypridd and Llantrisant ..	2.61	5.18	4.19	2.19	1.41	7.82	10.35	3.72	6.84	1.89	9.63	17.83	1.53	1.65
Port Talbot and Glyncothwrg ..	4.00	2.42	2.08	1.39	1.11	11.61	7.14	6.01	1.64	1.28	4.44	4.57	3.47	0.89
South-East Glamorgan ..	1.39	1.32	2.75	2.89	1.71	4.20	9.46	7.40	3.64	2.55	8.54	11.93	5.67	8.89
West Glamorgan .. ..	2.56	1.84	2.10	2.32	1.31	4.51	3.86	2.90	2.61	1.16	2.35	2.21	1.54	1.97
Rhondda .. ..	0.58	0.95	1.20	5.19	3.13	0.72	1.38	2.32	4.69	1.75	0.50	Nil	2.45	1.92
Whole Administrative County	2.33	2.87	2.69	2.44	1.38	4.87	6.54	4.71	3.83	1.46	3.44	5.20	2.79	2.61

When the statistics for the County are reviewed as a whole it will be seen that there has been a reduction in the percentage assessed as of poor general condition. Detailed scrutiny of the table reveals considerable variation in the figures, but it is very probable that the variation is a false one and is caused by the differing standards adopted by the inspecting medical officers. No conclusions, can, therefore, be drawn from the individual figures.

## 2. MILK AND MEALS IN SCHOOL.

The provision of milk and meals to school children has played an important part in the improvement in physique of school children.



The pupils who have obtained milk and meals in school are shown in the table facing page 12.

The following table shows the growth of the service :—

MID-DAY MEALS SERVED IN SCHOOLS ON A SELECTED DAY IN THE MONTH STATED.

Date	No. of children in attendance		No. of mid-day meals served		% of children in attendance taking meals	
	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda
1948						
February .. ..	83,250	18,037	43,152	9,416	51·83	52·20
June .. .. .	85,993	18,641	44,452	9,236	51·69	49·55
October .. ..	87,517	19,188	45,101	9,760	51·53	50·87
1949						
February .. ..	84,184	18,150	44,301	9,045	52·62	49·83
June .. .. .	87,401	18,554	44,257	8,162	50·64	43·99
October .. ..	88,208	19,129	45,850	8,834	51·98	46·18
1950						
February .. ..	82,712	17,721	39,463	7,045	47·71	39·76
June .. .. .	87,360	18,363	39,458	6,490	45·17	35·34
October .. ..	87,699	18,846	42,406	6,873	48·35	36·47
1951						
February .. ..	82,144	17,022	40,094	6,001	48·81	35·25
May .. .. .	87,254	18,379	38,652	5,739	44·30	31·23
October .. ..	91,310	19,155	41,209	6,063	45·13	31·65
1952						
February .. ..	87,873	18,251	40,180	5,478	45·73	30·01
June .. .. .	91,185	18,794	39,807	5,121	43·66	27·25
October .. ..	93,905	19,300	44,681	5,799	47·58	30·05
1953						
June .. .. .	93,779	18,860	34,784	4,191	37·09	22·22
October .. ..	97,226	19,337	39,340	4,584	40·46	23·71
1954						
June .. .. .	95,842	18,510	37,042	4,144	38·60	22·40
October .. ..	95,381	18,334	39,807	4,406	41·70	24·00

It will be noted with satisfaction that the fall in the percentage of children taking school meals has been arrested during 1954 and the latest figures show an improvement, as compared with 1953.

As from the 1st October, 1954, the Local Education Authority assumed responsibility for the provision of one-third of a pint of milk daily for each child in attendance at schools maintained by them. This was previously the responsibility of the Ministry of Food.



## 3. CLEANLINESS.

The following table shows the incidence of uncleanness in school children :—

	Nits in hair		Skin dirty or verminous	
	Boys	Girls	Boys	Girls
	%	%	%	%
1908-1911 ..	9.3	38.9	4.3	4.1
1918-1921 ..	0.7	17.2	0.9	0.3
1935-1938 ..	0.5	2.6	0.6	0.3
1945-1948 ..	0.9	5.6	0.6	0.3
1949 .. ..	1.0	5.0	0.4	0.2
1950 .. ..	0.8	4.2	0.2	0.1
1951 .. ..	0.8	3.5	0.2	0.1
1952 .. ..	0.7	2.8	0.2	0.1
1953 .. ..	0.8	3.7	0.2	0.1
1954 .. ..	0.8	3.4	0.2	0.1

Table III A and B (pages 43 and 44) show the results of the examinations by the school nurses. It is interesting to note that on re-examination of cases previously found infested, only 33 per cent of boys were found to be unclean compared with 60 per cent of the girls. This is undoubtedly due to the greater difficulty of dealing with the long hair of the girls.

It must be emphasised that constant care, on the part of the nurses, in dealing with persistent offenders is the only way of effecting a marked reduction in the incidence of infestation.

## 4. HANDICAPPED PUPILS.

*Medical Factors and Educational Progress.*

During the last decade, in particular, legislative measures in the field of education have aimed at providing every child with educational facilities which will enable him to make the maximum scholastic progress of which he is capable.

It is abundantly clear that some children in the past have had such severe physical disabilities that their education has been virtually ignored. The Education Act, 1944, with the subsequent Handicapped Pupils and School Health Service Regulations, did much to bring the problem to the fore and there is no doubt that this legislation was largely responsible for the increasing number of special schools for handicapped children. It is of interest, therefore, to compare the statistics in relation to the main groups of handicapped pupils for 1946 and 1954 in the County of Glamorgan :—

Handicapped children in Special Schools					1946	1954
Educationally sub-normal	..	..	..	..	66	196
Blind and partially sighted	..	..	..	..	28	54
Deaf and partially deaf	..	..	..	..	44	79
Total	..	..	..	..	138	329

In addition to the above, home tuition, which was not commenced until March, 1948, was then approved for six children. At the end of 1954, 40 children were benefiting from home tuition arrangements.

RETURN TO MINISTRY OF EDUCATION FOR 6TH OCTOBER, 1954.

Division	Number of Pupils present					Number of Pupils taking Meals										Number of Pupils taking Milk					No. of Absent Pupils provided with Milk	No. of Canteens	No. of Schools and Departments served	No. of Schools and Departments not served
						Primary			Secondary			Nursery	Special	Total										
	Prim- ary	Second- ary	Nursery	Special	Total	Free	Pay- ment	Total	Free	Pay- ment	Total													
Aberdare .. ..	7817	3310	33	70	11230	400	1399	1799	246	1020	1266	33	70	3168	7357	2364	33	65	9819	141	51	73	—	
Caerphilly .. ..	8723	3996	37	—	12756	497	2807	3304	273	1937	2210	37	—	5551	8374	3363	37	—	11774	2	64	74	1	
Mid-Glamorgan ..	10971	4785	111	—	15867	513	4365	4878	252	2570	2822	111	—	7811	10348	3347	111	—	13806	27	78	91	—	
Neath .. ..	6493	2811	35	—	9339	192	2804	2996	122	1475	1597	35	—	4628	6195	1715	35	—	7945	47	45	59	—	
Pontypridd .. ..	8233	3542	34	15	11824	407	1685	2092	290	1045	1335	34	14	3475	7759	2553	34	15	10361	4	38	62	1	
Port Talbot .. ..	6053	2354	—	—	8407	202	1581	1783	113	590	703	—	—	2486	5727	1564	—	—	7291	4	32	43	1	
South-East Glamorgan	11446	4499	46	31	16022	292	3360	3652	147	2028	2175	46	30	5903	10513	3052	46	31	13642	13	64	92	—	
West Glamorgan ..	6779	3129	28	—	9936	310	4007	4317	201	2239	2440	28	—	6785	6113	1933	28	—	8074	5	60	65	—	
Totals (excluding Rhondda) ..	66515	28426	324	116	95381	2813	22008	24821	1644	12904	14548	324	114	39807	62386	19891	324	111	82712	243	432	559	3	
Rhondda .. ..	11940	6190	204	—	18334	—	—	—	—	—	—	—	—	4406	—	—	—	—	15957	39	76	96	—	
Totals (including Rhondda) ..	78455	34616	528	116	113715	—	—	—	—	—	—	—	—	44213	—	—	—	—	98669	282	508	655	3	

Percentage of pupils present who took meals (excluding Rhondda) 41·7. Increase on June, 1954, return 3·1  
Percentage of pupils present who took meals (Rhondda) 24·0. Increase on June, 1954, return 1·6  
Percentage of pupils present who took meals (including Rhondda) 38·9. Increase on June, 1954, return 2·9





It will be apparent that the Glamorgan Education Authority has made rapid progress in the educational care of handicapped pupils but at the same time the Authority realises that their provisions fall considerably short of what is required. It is their intention to expand these facilities as quickly as possible.

Particular reference must be made in this Annual Report to the opening of the Special Residential School for Educationally Subnormal Pupils at "The Hendre". Mr. Ian G. Anderson, the Headmaster, and the staff have worked with enthusiasm so that the school can establish itself and overcome the inevitable initial difficulties. Already very favourable reports are heard about the scholars, not only in respect of their educational progress but also in their social development. Elsewhere in this report Mr. Anderson has commented about the school's progress.

During 1954 a small special unit was opened at Neath for the education of "spastic" children. The children are conveyed daily to this school but the scattered nature of the county has a limiting effect on its usefulness. However, this venture can, on the whole, be regarded as successful but, unavoidably, it falls short of the intensive training and instruction required by spastic children. Perhaps it may best be regarded as an interim measure pending the opening of the special residential school for physically handicapped pupils which is about to be built in Glamorgan.

The effects of physical disabilities on educational progress are obvious. They frequently result, not only in curtailed schooling, but also in severely limiting the child's activities when in school. It however has not always been appreciated that the emotional state of a child can have an equal effect on scholastic progress. No child can be expected to make progress in advance of his intellectual ability, but it is a matter of serious concern when scholastic attainment falls far short of his inherent level of intelligence. The child who has an unhappy family background or who is under mental stress frequently makes unsatisfactory scholastic progress, which is not related to a basic level of intelligence. "The Lindens," at Penarth, which is a hostel for maladjusted children, can provide very many examples of such children. They not only exhibit behaviour difficulties, but the educational progress of such children is disappointing. It is generally observed that improved educational performance takes place at the same time as an improvement in behaviour. The value of such a hostel from an educational point of view is thus apparent.

Just as children classified as maladjusted under the School Health Service and Handicapped Pupils Regulations exhibit this gap between educational progress and basic mental ability, so too an identical finding is to be found in delinquent children. It may be argued that maladjusted children are the potential delinquents and, therefore, treatment of the maladjusted child is a far-reaching preventive measure. The response to treatment at "The Lindens" is described in a special section of this report.

During 1954 investigations were carried out in another group of children, with particular reference to educational progress—children in care of the local authority. For the purpose of that investigation children in care who were born in 1940 and 1941 were specially examined. It can be said of these children that they are deprived of a normal home environment. The following findings are of interest:—

*Scholastic retardation of "Children in Care."*

(Mental Age — Scholastic Age.)

Retardation	Number	%
Less than 1 year ..	21	17.6
1—2 years ..	45	37.8
2—3 years ..	28	23.5
3—4 years ..	9	7.6
More than 4 years	16	13.4
	119	



It can be seen from the above that 44.5 per cent are more than two years retarded scholastically in relation to their basic mental ability. This gives an indication of the effect of deprivation of a normal home background on a child. In view of the above finding it was not surprising that only four of these 11 children obtained places in grammar schools. A partial explanation is that as a group these children have an average level of intelligence rather lower than that of the general community, but there were three children who failed to gain admittance to a grammar school with intelligence quotients of 117.

The effect of home background on educational progress was commented upon in the recently issued interesting report on "Early Leaving." This report describes progress after entry to the grammar school and emphasises the importance of home conditions conducive to study. It is obvious that the same influences have a marked effect at the pre-secondary school stage.

The School Health Service has a duty to interest itself in these findings and to quote from the report :-

"Where a school believes that home conditions are preventing a pupil from making progress there is need for a careful enquiry by an appropriate social agency, such as the School Health Service to see whether anything can be done to alleviate the adverse conditions."

The future of the School Health Service lies in problems such as these. Health Visitors, because of their contact with the mothers and the homes, have the opportunity of playing an important part in ensuring the correct relationship between parents and their school children. Few parents today encourage the grammar school children to leave on attaining the age of fifteen, but it is suggested that too many are indifferent and fail to give their children the encouragement and mental security which is so important for adequate scholastic progress. Some parents are not prepared to make the small sacrifices which would assist their children when they are studying, e.g. doing without a noisy wireless or the enticing television programmes during home-work time. It is realised that in some overcrowded houses conditions of peace of study are an impracticability, but the report on "Early Leaving" offers some suggestions which are worth of the most serious consideration, e.g. making available special accommodation, in schools or other places for children to do their home work.

The School Health Service must be alive, not only to the relationship between scholastic progress and physical health, but also the relationship between scholastic progress and mental health and social conditions.

(a) *Educationally Sub-normal Children.*

(Educationally sub-normal pupils, that is to say, pupils who, by reason of limited ability or other conditions result in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.)

The present position in the County is summarised as follows :—

EDUCATIONALLY SUB-NORMAL PUPILS (INCLUDING RHONDDA).

Recommendation	Not attending school	At ordinary school	At Special day school	At Special boarding school	Total
Education at ordinary school with special treatment ..	—	263	—	—	263
Education at special day school .. .. .	—	38	113	—	151
Education at boarding school .. .. .	5	170	12	71	258
Total .. .. .	5	471	125	71	672



It is of particular interest this year to include the first report of Mr. Anderson, the Headmaster of The Hendre Residential Special School for Educationally Sub-normal Boys:—

"The Glamorgan Residential School for Educationally Sub-normal Boys of the age 10-16 opened at "The Hendre," Monmouth, on the 1st January, 1954. The Headmaster and Matron and certain members of the domestic and teaching staffs reported for duty and the first week was spent in thoroughly cleaning the building and sorting out the equipment that had already arrived.

The remainder of the teaching staff arrived on the 11th January and commenced work laying out the classrooms, practical rooms, etc.

With the arrival of a Morris 'Commercial' van, on loan from the School Meals Service, the domestic staff problem eased considerably.

The first nineteen boys, all from the East Glamorgan area, arrived on the 8th February, and in a remarkably short space of time had settled down in their new surroundings. Family service was instituted in the dining hall, the staff dining with the boys. This has proved very successful, as the table manners and general demeanour of the boys show.

A further seventeen boys were admitted on the 22nd February from the West Glamorgan areas and settled in equally as well as the first intake. Two more boys were admitted on the 12th March.

The School was divided into four classes with approximately ten boys in each. The Reception Class for the youngest under the care of Miss A. Shorey. The Consolidation Class: boys a little older and of a higher level of attainment under the care of Mr. R. Thorne. The senior boys, ages approximately 13-15, were divided into two groups, one under Mr. G. T. Haines and the other under Mr. J. Goode.

The senior groups took the following subjects: Basic Subjects, Art and Craft, Gardening. Mr. G. T. Haines is responsible for gardening and Mr. J. Goode for Art and Craft. The Orangery has proved an excellent Rural Science Room and the Garage more than adequate as an Art and Craft Centre.

Evening activities were commenced immediately and comprised of the following: Puppetry, Raffia, Modelling, Football, P.T., Films, and Music. The film shows have proved a great success and have been useful as a means of getting to know the local children. Many friendships have been formed through this.

The boys attend the local church at Llangattock-Vibon-Avel for Sunday morning worship. The Vicar, the Rev. Bartle-Jenkins, devotes a large part of his service to the boys including a special address. He has taken a great interest in them and got to know them individually.

The school was officially opened on the 5th May, 1954, by County Alderman Mrs. Rose Davies, C.B.E., and the ceremony was attended by some 220 guests, which included members of the Education Committee, Heads of Departments, local dignitaries, and some of the parents of the boys. After the ceremony the school was inspected by the guests.

A Parents' Day was held on the 10th July, 1954, the first to be held at the school. The response from the parents was excellent, some 80 parents and relatives attending. Two special buses were organised, one for East Glamorgan parents and one for West. After the visitors had been given an opportunity of seeing the school and the grounds they were entertained to tea in the Orangery. A further Parents' Day was held in October which was equally well attended.



Owing to an outbreak of chicken pox in the village it was deemed wise to hold the Christmas Party on the 5th January, 1955, and all the village children were invited. The evening was a thoroughly enjoyable one and was rounded off by the Hand-bell Ringers announcing Father Christmas, who distributed presents to all the children.

As we draw to the end of our first year at the Glamorgan Residential School I feel we can look on it with quite a degree of satisfaction. The boys in the vast majority of cases have improved both socially and academically. The year has not been an easy one for the staff—teaching and domestic, and they have faced up to it admirably.

It has been necessary to experiment in certain fields, retaining successful methods, rejecting others. With the light of this experience behind us we all look forward to the coming year with increased optimism and confidence."

Every new school must face many teething difficulties and perhaps, in this respect, there can be no more difficult school than a residential school for educationally sub-normal boys. In addition to educational retardation there is not infrequently a backwardness in social development. During this first year the staff have had to face numerous problems and it is pleasing to read of the Headmaster's optimism and confidence in the future progress of the school.

(b) *Blind and Partially Sighted Pupils.*

(Blind pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.)

(Partially sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.)

In contrast to "The Hendre" the Special School for the Blind at Bridgend is well established and has a record of which it can be justifiably proud. It is with pleasure that I reproduce the annual report of Mr. Exley, the Headmaster :—

"The year opened with intense activity. All sections of the school were keen not to be found wanting during the imminent Ministry of Education inspection. The new resident master, Mr. Stevenson, adjusted quickly to his unusual surroundings, utilising his twenty years teaching experience to advantage. The Principal's wife took up the burdens of the post of Matron, and Mr. King succeeded Mr. Morgan, who retired through illhealth, as Senior Master. Mr. Angove decided to leave his post as Basketry Instructor and was replaced by Mr. Tipple, another old pupil of the school. These staff adjustments caused the minimum of disturbance and the school was in good order to be inspected in early February.

Her Majesty's Inspectors, seven in number, spent several days in probing the organisation and activities of all sections of the school. A subsequent report by the inspectors showed that the school is proceeding on sound lines and should do increasingly good work. It was noted that the Authorities and the School Management Committee have laboured valiantly and spent well on the school. Certain minor adjustments of buildings and equipment were suggested by the Inspectors, most of which had already been planned and are now, by the end of 1954, carried out. In the coming year the whole school building will be rewired and better lighting installed. Much attention has been paid to planning lighting suitable to partially sighted pupils. The boilers will be replaced by new more efficient ones, housed in a new boiler house. A block of handicraft rooms will be added adjacent to the recent kindergarten block. In this handicraft block it will be possible to teach Domestic Science effectively and to experiment with new ideas in teaching handicrafts to blind and partially sighted children.



In the early summer a new Kindergarten Mistress, Miss Valmai Davies, joined the staff, and Miss Paddon was appointed as Housekeeper to help Mrs. Exley to reorganise the "house" side of the school.

During the summer term there were many visitors from Wales and overseas. This year there was a marked increase in the number of visitors to the school gardens. Many allotment associations and teachers gained considerable information and enjoyment from their visits.

The school trip this year was particularly successful. Some of the best sunshine of the poor summer greeted the children at Tenby. Games on the beach and trips by boat out into the bay caused the day to pass all too quickly.

Sports Day was bright but cool. A large number of parents and friends witnessed the keenly-contested events and the presentation of cups. This year a silver spoon was awarded to Christine Evans for winning the competitions for the youngest children. This year, also, putting the weight and hurdling were introduced with some success. The Red House succeeded in winning the most keenly-contested event of all—the House Relay.

Shortly after the sports a section of the senior boys went for a week-end camp to the Gower peninsula.

In the winter term the experiment was tried of sending two of the older boys to the Technical Training College for a few periods a week to attempt Bricklaying and Plastering. This experiment is likely to be successful.

In October a teacher from Indonesia, Miss Sockini, joined us for a year's course of study on methods of teaching and training the blind.

The school brass band progresses well and a section of it has had much success in playing for dances.

At the National Eisteddfod at Ystradgynlais three of our pupils won prizes in the sections for blind competitors.

One evening in November the Bridgend Castle Players presented the school with a drama shield. This shield will be awarded to the winning house in the annual play competition.

The end of the winter term was marred by much illness among staff and pupils. The prevalent influenza attacked many of the children and although the bouts were not prolonged they were the cause of the cancellation of the annual school concert. However, the traditional party and festivities were held as usual."

It is a matter of debate at what age should begin the residential training and education of blind children. Whereas some advocate the early placement of these children in special institutions, others are of the opinion that their education should begin at the same age as for sighted children. Child psychiatrists have stressed the dangers of separation of very young children from their homes and, therefore, it would seem reasonable that, if at all possible, the blind child should spend its early years in his own home environment. The need for special institutions for pre-school blind children should be reserved for those cases where some condition in addition to blindness requires special consideration. These special conditions include the absence of parents, serious physical or mental illhealth of the mother, or if the child has defects in addition to blindness that make it impossible for the mother to provide the necessary care.

There is every hope that the incidence of blindness in children will decrease. Venereal disease has been found to be a numerically important cause of blindness and measures have now been devised to prevent this condition of Retrolental Fibroplasia, which only a few years ago was of considerable concern as being a cause of blindness in premature babies.



(c) *Maladjusted Pupils.*

(Maladjusted pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment.)

Increasing use is being made of the Child Psychiatric Clinics of the Regional Hospital Board. Children were seen at the Cardiff Royal Infirmary by Dr. Spillane, at Church Village Hospital by Doctor Linford Rees and T. S. Davies, in Mid-Glamorgan by Dr. C. J. Morgan, and during the year additional facilities were made available in the west of the County, where children were seen by Dr. G. Crosse. There now exists a good liaison between the hospital services and the school health service in relation to the treatment of maladjusted children.

In the exceptional cases which do not respond to out-patient treatment admission to "The Linden Hostel for Maladjusted Children" is arranged. In order to assess the value of hostel treatment a follow-up survey of children who have been at "The Lindens" was carried out. Children who had been discharged for a period of at least six months were included in the survey. Of the 67 children fulfilling this requirement since 1949, 66 were traced. In the analysis of the results one boy was excluded because he was diagnosed as suffering from Schizophrenia and was transferred to a mental hospital. The findings of the survey were as follows:—

			No improvement	Some improvement	Good result
Boys	(48)	..	18 (38%)	16 (33%)	14 (29%)
Girls	(17)	..	4 (24%)	9 (53%)	4 (24%)
Total	(65)	..	22 (34%)	25 (39%)	18 (28%)

When it is remembered that all these children were severely maladjusted on admission, the results cannot be regarded as disappointing. A more detailed analysis of the findings revealed that of the 29 children who were on admission living with their natural parents, 13 (45 per cent) gave a good result, but of the 10 who were in the care of the Local Authority prior to admission only one (6 per cent) was recorded as a good result. This emphasises the importance of the home background. Other features which carried a poor prognosis were found to be a history of mental illness in a parent and presenting symptoms combining pilfering and truancy.

(d) *Deaf and Partially Deaf Children.*

(Deaf pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.)

(Partially deaf pupils, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.)

Selection of children who should be educated at special residential schools for deaf children is a matter for serious consideration, and there can be no doubt that if the degree of deafness is not handicapping the educational progress of the child, then it is better for him to remain in the ordinary school. Provision of hearing aids to children frequently enables them to remain in their own schools with children who have normal hearing.

It is of paramount importance that the child with defective hearing should retain whatever speech he possesses and if he has no speech then it is essential that he should be trained to speak. To teach a total deaf child to speak is a difficult matter and requires a long and patient effort by the teacher, the child, and all who come in contact with the child. Experience is showing that such training to be successful must



t at an early age. We may thus be faced with two conflicting principles—the need of early training and need to retain the pre-school child in his own home surroundings. Ideally the solution is to provide necessary training while the child remains at home. To do this, however, it is essential to have a sufficient number of persons to give the necessary advice and, perhaps what is even more difficult, to have the intelligent cooperation of the mother, who herself would have to be able to undertake much of the actual training of the child. When these conditions cannot be fulfilled one has to advise reluctantly that the child be placed in residential nursery for deaf children. Such a nursery should be a small unit and if at all possible situated so that frequent visits by the parents would be practicable.

Progress was being made towards the end of the year in the setting up of a residential nursery for deaf children and steps are being taken to secure a site.

During the year an audiometric survey was made in the Mid-Glamorgan Division and Dr. Kathleen Jones reports as follows :—

“The Audiometric Survey started in January, 1954, was not completed by the end of the year. All the children in the 7–12 age group attending schools in the division were tested during 1954 with the exception of Corneli School. The first and second tests of these children were carried out in January, 1955, and have been included in the results.

The survey was carried out partly by Miss N. J. Sage, a member of the South-East Glamorgan Division Health Visiting Staff from January, 1954, to July, 1954, and by Mrs. M. Griffiths, a member of the Port Talbot and Glyncoirwg Health Division, from April, 1954, to January, 1955.

The results of the survey are as follows :—

	First test	Second test	Failures	Third test after treatment
Boys .. ..	3,907	653	237	170
Girls .. ..	3,510	538	246	144
Total ..	7,417	1,191	483	314

All children who failed the second test were referred for examination by the School Medical Officer at special clinics and the following table shows the recommendations of the examining doctors :—

#### FOLLOW-UP FAILURES.

No. of failures	No. seen by Assistant S.M.O's.	Failed to attend	Referred to E.N.T. Specialist	Referred to Family Doctor	For observation at school	Cured
483	457	26	85	63	95	214



The following table shows the various causes for failures which were discovered by the School Medical Officers when the children were examined at the various clinics :—

Otorrhoea	Catarrh	Wax	Mastoidectomy	Other causes
78	88	203	9	79

All the cases referred for examination by an E.N.T. Specialist have not yet been examined but this is due to the long hospital waiting lists.

Fifty-one children failed to attend for their third test after having been recommended treatment. These children will be kept under observation at school."

(e) *Physically Handicapped and Delicate Children.*

(Physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who, for reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.)

(Delicate pupils, that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.)

Vacancies in special schools for physically handicapped children are difficult to obtain. At present these special schools are situated a considerable distance from the homes of Glamorgan children and it is quite understandable that parents are hesitant in allowing their physically handicapped children to go away to school.

Visiting by the parents during term time is difficult and costly. Every effort is made to persuade parents to allow their children to be admitted to residential schools when we are fortunate enough to secure vacancies. It is considered that the disadvantages of remoteness are outweighed by the benefit that the children receive by the special education provided. All the children return home for the normal school holidays, even though it is necessary to organise special transport arrangements. The need for a special school for physically handicapped pupils in Glamorgan is clearly apparent and it is pleasing to report that such a school will materialise in the fairly near future.

The following statistics show the present position of the Glamorgan physically handicapped pupils :

Attending residential special schools in England .. .. .	21
Attending "Spastic Centre" at Neath .. .. .	4
Attending "Spastic Centre" at Swansea .. .. .	1
Attending ordinary schools .. .. .	46
Receiving home tuition .. .. .	39

The regulations do not permit the provision of home tuition for those children whose parents have refused consent to their admission to special schools. It may at first appear that these regulations are harsh, but some parents would erroneously elect for their children to have home tuition in preference to education at a special school. Association with other children is an important part of full education and this, unfortunately, is not appreciated by some parents.

*Pupils suffering from Speech Defect.*

(That is to say pupils who on account of defect or lack of speech not due to deafness require special educational treatment.)

The following table gives an indication of the growth of the Speech Therapy Service in Glamorgan :—

	1948	1949	1950	1951	1952	1953	1954
number of individual cases seen	175	325	356	570	876	1,132	1,261
number of attendances .. ..	2,361	3,526	3,641	5,144	8,853	12,392	13,900

Speech Therapy often entails frequent and regular visits to the clinics and it is disappointing to find that treatment is frequently discontinued due to lack of parental co-operation and poor attendances.



## SPEECH THERAPY.

Analysis of work	Division									
	Aberdare and Moun- tain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath	Pontypridd and Llantrisant	Port Talbot	South-East Glamorgan	West Glamorgan	Rhondda	
Total number of individual cases seen ..	157	84	195	117	100	77	141	139	251	
Total number of attendances ..	2,256	871	2,001	1,076	1,262	976	1,455	1,233	2,770	
Number of current cases at 31st Dec., 1954	71	31	55	36	40	28	55	49	110	
Total number of cases remaining on waiting list at 31st Dec., 1954 ..	136	24	25	19	110	7	40	79	162	
Number of cases under observation (imme- diate treatment not necessary) ..	—	15	15	—	1	—	26	7	1	
Analysis of discharged cases :										
(a) Non-treatment cases—										
(i) Treatment not considered necessary	9	3	14	15	5	2	16	6	24	
(ii) Failed to attend after diagnosis ..	21	4	1	1	2	1	3	1	—	
(iii) Travelling difficulties and loss of school work ..	1	—	2	—	—	—	—	—	1	
(iv) Unsuitable for treatment ..	—	—	1	—	—	—	1	2	1	
Total ..	31	7	18	16	7	3	20	9	26	
(b) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health ..	—	—	—	1	1	—	—	—	2	
(ii) Lack of parental co-operation ..	12	2	4	2	7	—	4	2	2	
(iii) Poor attendance or non-attendance	8	9	28	8	20	5	12	17	49	
(iv) Pressure of school work ..	2	—	1	1	2	—	—	3	2	
(v) Left district ..	3	2	1	1	2	2	1	2	2	
(vi) Left school ..	3	3	—	3	2	—	3	1	7	
2. Discharged—speech improved ..	5	12	19	2	1	10	16	5	14	
3. Discharged—speech normal (cured)	22	10	61	24	16	23	22	32	27	
4. Temporarily discharged ..	—	8	8	22	2	6	8	19	10	
Total ..	55	46	122	64	53	46	66	81	115	
General progress of cases :										
Much improved ..	9	4	15	10	16	9	20	19	36	
Satisfactory ..	37	19	32	19	15	15	29	24	52	
Little improvement ..	25	8	8	8	9	4	6	6	22	
Total ..	71	31	55	37	40	28	55	49	110	
Table of symptoms of cases treated at clinics :										
Stammering ..	67	27	81	33	44	38	27	35	124	
Dyslalia ..	16	23	34	31	21	15	64	49	62	
Cleft palate ..	6	8	11	4	10	2	10	5	16	
Deafness ..	2	1	3	—	2	2	2	—	4	
Lateral "s" ..	9	9	16	7	6	8	5	10	5	
Interdental "s" ..	7	3	10	11	7	2	7	19	6	
Rhinolalia (nasality) ..	6	1	2	1	—	1	—	1	1	
Dysarthria ..	—	—	1	5	1	—	1	3	2	
Dysphonia ..	—	1	1	—	—	1	—	1	—	
Low I.Q. ..	9	1	8	5	1	3	3	5	1	
Retarded speech ..	4	3	10	3	1	2	2	2	4	
Aphasia ..	—	—	—	1	—	—	—	—	—	
Total ..	126	77	177	101	93	74	121	130	225	



## INFECTIOUS DISEASES.

1954 was a particularly fortunate year with regard to infectious disease and there were no important spread epidemics.

## Tuberculosis.

Use has again been made of the facilities offered by the Mass Radiography Unit of the Welsh Regional Hospital Board for the X-ray of school children. The following table shows the schools in which X-ray tests have been carried out during the year :—

School	Total number examined			Total number abnormal			Definite pulmonary tuberculosis			Needing further observation for pulmonary tuberculosis			Other abnormalities of the chest		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Islwyn County Secondary .. ..	112	56	56	1	—	1	—	—	—	1	—	1	—	—	—
Maerdy County Mixed Primary ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Merthyr County Secondary .. ..	199	107	92	—	—	—	—	—	—	—	—	—	—	—	—
Merthyr County Infants .. ..	127	66	61	1	—	1	—	—	—	—	—	—	1	—	1
Neath County Secondary .. ..	234	116	118	5	1	4	—	—	—	1	—	1	4	1	3
Neath County Grammar .. ..	565	185	380	3	—	3	—	—	—	—	—	—	3	—	3
Neath County Secondary .. ..	220	90	130	4	3	1	—	—	—	1	1	—	3	2	1
Neath County Secondary .. ..	138	76	62	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Secondary .. ..	192	94	98	2	1	1	—	—	—	1	1	—	1	—	1
Neath County Secondary .. ..	108	48	60	2	1	1	—	—	—	—	—	—	2	1	1
Neath County Secondary .. ..	73	42	31	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Grammar .. ..	630	330	300	12	5	7	—	—	—	2	1	1	10	4	6
Neath County Technical .. ..	261	198	63	1	1	—	—	—	—	—	—	—	1	1	—
Neath County Secondary .. ..	193	91	102	1	—	1	—	—	—	—	—	—	1	—	1
Neath's R.C., Bridgend .. ..	11	5	6	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Grammar .. ..	459	243	216	—	—	—	—	—	—	—	—	—	—	—	—
Neath School for the Blind .. ..	91	49	42	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Approved School ..	18	—	18	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Grammar .. ..	391	201	190	5	1	4	—	—	—	—	—	—	5	1	4
Neath County Secondary .. ..	94	—	94	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Schools, Penarth ..	31	21	10	1	—	1	—	—	—	1	—	1	—	—	—
Neath County Secondary .. ..	60	60	—	2	2	—	—	—	—	1	1	—	1	1	—
Neath County Grammar .. ..	281	119	162	4	2	2	—	—	—	—	—	—	4	2	2
Neath County Secondary .. ..	135	57	78	1	—	1	—	—	—	—	—	—	1	—	1
Neath's School, Pengam .. ..	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—
Neath's Girls' School, Hengoed ..	219	—	219	3	—	3	—	—	—	1	—	1	2	—	2
Neath County Primary .. ..	9	4	5	2	—	2	—	—	—	—	—	—	2	—	2
Neath County Secondary .. ..	73	36	37	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Grammar Technical ..	370	215	155	8	6	2	—	—	—	—	—	—	8	6	2
Neath County Secondary .. ..	56	56	—	—	—	—	—	—	—	—	—	—	—	—	—
Neath County Secondary .. ..	88	—	88	2	—	2	—	—	—	—	—	—	2	—	2
Neath County Technical .. ..	37	37	—	—	—	—	—	—	—	—	—	—	—	—	—
	5,492	2,618	2,874	60	23	37	—	—	—	9	4	5	51	19	32



During the year the Authority decided to offer B.C.G. vaccination to school children and it is anticipated that the scheme will come into full operation during 1955. In this respect it is appropriate to quote from a recent article by Professor F. R. G. Heaf, Professor of Tuberculosis of the University of Wales :—

"Perhaps the greatest disadvantage associated with B.C.G. vaccination is the unwarranted confidence that it has inspired in laymen in many countries: many believe that it is a complete protection against tuberculosis. This can easily lead to the neglect of essential measures for eliminating the predisposing causes of tuberculosis and the spread of infection. B.C.G. is an important pillar in the structure of our preventive services, but it cannot stand alone."

#### 6. ORTHOPAEDIC CLINICS.

The following comments on the Orthopaedic Clinics in the Caerphilly and Gelligaer Division Dr. E. C. Powell, the Divisional Medical Officer, are of interest :—

"Analysis of records of the orthopaedic work for the past year reveal a very poor average attendance. 2,361 appointments were kept out of 4,231 made during the year, a percentage only 55.8.

	Appointments made	Appointments kept
School age .. ..	2,531	1,477
Pre-school age .. ..	1,700	884
	4,231	2,361

The great majority of appointments are for minor defects and this I feel is the reason for the marked falling off in attendances after the initial medical examination. Many have to travel considerable distances to the one central clinic and on several occasions I have had it expressed to me by parents that they do not feel the effort worthwhile for what appears to them something very trivial and requiring little attention.

After the initial medical examination, treatment in these cases usually consists of exercises which should be done at home and could possibly be done at school. In all schools today regular classes are given in physical training under the supervision of the County and Divisional Organisations of Physical Training. I have visited several schools during these physical training sessions and find that the exercises carried out in these sessions are in themselves a good deterrent to the development of flat feet and other minor postural defects.

It is realised that many of the children referred for minor defects are of pre-school age and I feel that the local infant welfare clinic should be able to deal with many of these.

At the end of the year there were 496 cases on the active list of appointments and these sub-divided as follows :—

Minor Defects (Flat Feet, Knock Knees, Bowed Legs)	Postural Defects (Scoliosis, Kyphosis, Lordosis, etc.) Also Asthma Cases (Breathing exercises)	Other Defects of the Feet (Metatarsus Varus, Pes Cavus, Valgoid Heels, etc.)	Other Deformities (Ataxity, Spasticity, Hemiplegia, Old Polio, etc.)
278	39	125	54



# 7. COLOUR VISION.

During the year the survey of colour blindness was continued in the County, and the following table shows the results :—

## COLOUR VISION.

	Aberdare and Mountain Ash		Caerphilly and Gelligaer		Mid-Glamorgan		Neath and District		Pontypridd and Llantrisant		Port Talbot and Glyncorrwg		South-East Glamorgan		West Glamorgan		Rhondda		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total number examined . . .	489	480	404	159	643	—	186	310	499	—	251	—	579	—	234	116	—	—	3,285	1,065
Number colour vision defective . .	31	1	33	—	16	—	7	—	1	—	14	—	44	—	8	—	—	—	154	1
Percentage colour vision defective	6.34	0.21	8.20	—	2.49	—	3.76	—	0.20	—	5.58	—	7.60	—	3.42	—	—	—	4.69	0.09

The difference in the incidence of colour defectiveness as between boys and girls is what is to be expected bearing in mind the manner in which the condition is inherited.



## 8. COURSES OF LECTURES FOR HEALTH VISITORS AND SCHOOL NURSES.

The fifth annual Refresher Course for Health Visitors and School Nurses was held at Dyffryn House during Whit-week. Thirty-eight nurses attended, including ten health visitors from Bristol, and the following is a summary of the lectures given during the course :—

<i>Subject.</i>	<i>Lecturer.</i>
"The Spastic Child" .. .. .	Dr. W. E. Thomas, County and Principal School Medical Officer.
"Health Visiting : The Professional Ethic" .. .. .	Miss E. G. Wright, Superintendent Health Visitor and School Nurse.
"Maladjustment in Children" .. .. .	Dr. J. P. Spillane, Consultant Psychiatrist, Whitchurch Hospital.
"The Deaf Child" .. .. .	Professor A. W. G. Ewing and Mrs. Ewing, Department of Education of the Deaf, Manchester University.
"Infant Morbidity" .. .. .	Dr. J. Jacobs, Consultant Paediatrician, Cardiff Hospitals Management Committee.
"Youth Employment" .. .. .	Miss B. G. Payn, County Youth Employment Officer.
"The Medical Problems of the Deprived Child" .. .. .	Dr. R. T. Bevan, Deputy County and Principal School Medical Officer.
"Co-operation in the Social Services" .. .. .	Mr. R. Huws Jones, Director of Social Science Courses, Swansea University.
"What is Case Work" .. .. .	Miss G. M. Aves, O.B.E., Chief Welfare Officer, Ministry of Health.
"The Application of Case Work in the Social Services"	do.

In addition, Professor and Mrs. A. W. G. Ewing gave a demonstration on the screening of deaf children, and a forum on juvenile delinquency was held, in which the following took part :—

Dr. J. P. Spillane, Consultant Psychiatrist, Whitchurch Hospital.  
 Mr. R. Huws Jones, Director of Social Science Courses, Swansea University.  
 Mr. H. M. Lloyd, The Area Secretary, The Law Society (South Wales) Legal Aid Area.  
 Miss Vera Williams, Probation Officer, Cardiff.

Members of the Children's Department attended when lectures of mutual interest to both departments were held, and Mr. Collis, the Deputy Children's Officer, assisted in a session devoted to "Case Studies."

The course was greatly appreciated by all who attended and the outstanding features were undoubtedly the lectures and demonstrations given by Professor and Mrs. Ewing.

## 9. MEDICAL EXAMINATION OF SCHOOL TEACHING AND NON-TEACHING STAFFS AND OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING.

During the year 247 newly-appointed school teachers were medically examined by medical officers on the staff of my Department and were X-rayed at local chest clinics or mass radiography units. Twelve of these were examined on behalf of other local education authorities. Arrangements were also made on my behalf by the Principal School Medical Officers of various other local education authorities for the medical and X-ray examinations of a further 57 school teachers appointed to teaching posts in Glamorgan.

715 candidates for admission to courses of training for teaching were also examined during 1954.

A large volume of work was also undertaken by my Department in the examination of other non-teaching staffs employed in the Authority's schools and school canteens. In all 405 examinations or re-examinations of this nature were made by members of my staff.

## 10. SCHOOL DENTAL SERVICE.

The following is the report of Mr. John Young, L.D.S., R.C.S., Principal School Dental Officer :—

"In presenting this report, I regret to have to preface it, in the rather repetitive manner of the past few years, by stating that an unsatisfactory staffing position still considerably handicaps new activities. The only staffing improvements we experienced were in the nature of the service of additional part-time officers which, of course, we have been very glad to accept. These additions, few as they have been, enabled us to improve slightly upon our offers of treatment to our countless wide waiting lists and enabled us to maintain a service fairly close to our established practice.



At the outset of the year 1954 our dental staff consisted of five full-time dental officers and 21 part-time dental officers. At one time during the year we had as many as 27 part-time officers, but of these, three resigned from our service. At the end of the year our dental staff, including that of the Rhondda Exceeded Area, consisted of five whole-time dental officers and 24 part-time dental officers. The amount of time given by our part-time officers varies from one to six sessions, according to the number of sessions they can make available to us, and the time given to us by these 24 part-time officers amounts to the equivalent of  $6\frac{3}{4}$  whole-time officers. I feel I must say that our relations with these practitioners are very good and that our working arrangements are, on the whole, satisfactory. There have been instances when they have found that their 'practice' procedure has not been compatible with our 'clinical' procedure, but they have quickly adapted themselves to our practice and have told me how much they value their experience with us. These acquisitions to our staff enabled us to give a much-needed improvement in the dental service in the Pontypridd and Llantrisant, Caerphilly and Gelligaer, and South-East Glamorgan Divisions. In spite of all our difficulties we have been able to maintain more or less regular services at 35 centres, which, with the four centres of the Rhondda Exceeded Area, give a total of 39 centres for the whole County.

During the year under review 27,426 children were inspected. 22,232 were found to require treatment, 21,741 were referred for treatment, and 17,791 were actually treated or re-treated. 52,575 attendances were recorded. 1,819 fillings were inserted into temporary teeth and 12,077 fillings were inserted into permanent teeth, giving a total of 13,896 fillings. The number of temporary teeth filled was 1,771 and the number of permanent teeth filled was 10,788, giving a total of 12,559 teeth filled. 30,235 temporary teeth and 7,691 permanent teeth were extracted, a total of 37,926 extractions. 8,635 other operations were recorded and 11,563 administrations of nitrous oxide and oxygen were given for dental extractions.

It is very regrettable to report again that because of the high demands upon our depleted staff the time interval between inspections and treatment is often so long that teeth in the anterior position in the mouth, charted as saveable at time of inspection, only too frequently have to be extracted when the patient eventually arrives for treatment, necessitating the provision of a denture. I regret very much indeed that at such young ages dentures have had to be supplied to restore the aesthetic appearance and the functional machinery for proper mastication.

In addition to the figures given above there must be mentioned our orthodontic activities. In the past few years this department has become increasingly important, so much so that directives upon this treatment have been issued jointly by the Ministries of Health and Education to local authorities. These directives have made suggestions upon how this treatment should be done by the profession as a whole and commented upon the value of the orthodontic services of local authorities. They also stress the importance of undertaking this interesting, absorbing, and frequently exasperating line of treatment. In the past year we had no fewer than 268 cases under treatment. I have used the description 'exasperating' but the gratitude and thanks from successfully treated patients are ample reward for our endeavours and tribute is due to the ingenuity and patience of our dental officers engaged in these activities. I am happy to report that we have had a highly satisfactory number of successes.

Referring to the statistics, I would draw attention to the high number of attendances at dental clinics last year, which, of course, is only completely informative when compared with the various returns for the various forms of treatment; in this connection I am very pleased to say that our figures for fillings is the highest since 1948, when we had a staff of 20 whole-time dental officers. The number of extractions is slightly higher than the previous year—1953—but the ratio between fillings and extractions is a more satisfactory one. The numbers of inspections are very much less than



for the previous two or three years, but this was considered an advisable step in an effort to reduce the waiting lists for treatment, which have, through force of circumstances, been high in every division. Also, when part-time officers who give few sessions are directed to dental inspections it inevitably means a reduction in the number of treatment sessions. I should be very happy indeed if our staffing position were such that we could conduct routine inspections at the desirable intervals of every six months.

Dental caries is still rampant throughout the County, as it is indeed throughout the whole country. Research upon the causal factors of the disease is actively proceeding and the journals frequently publish some new light upon the disease. Our energies as a service are directed to repairing the ravages of the disease, the correction of abnormalities, and dispensing advice about diet and oral hygiene. Our dental officers' time is so well taken up with treatment sessions that very little time is available to them for propaganda work. Advice upon oral hygiene could be imparted by Health Visitors whenever possible, e.g. at school surveys, home visits, and in clinics. By these means a better sense of oral hygiene could be fostered in the hope that the damage created by the high post-war consumption of sweets and cake could be better controlled. Proper diet, too, should be emphasised, although the ideal non-caries producing diet might be so uninteresting that our efforts in this direction would receive scant sympathy. It is interesting to record that at recent dental inspections in the Skewen area I found that the dental condition of children born in 1943-44-45 was markedly superior to the dentition of children born at a later date following the relaxation of food controls, particularly sugar, appearing to indicate that the tooth structure of these war-time babies is superior to and more caries resisting than the tooth structure of those born subsequently.

In order to obtain a better degree of anaesthesia for young children, and when necessary a longer period of anaesthesia when multiple extractions were necessary, Vinesthene has been used chiefly as an adjuvant vapour to nitrous oxide and oxygen, but also by itself by means of an Oxford inhaler. These two methods have been used with very satisfactory results in three or four divisions. In certain other divisions it has not yet been adopted, largely because of the doubts of its value by some medical officers who act as anaesthetists and reluctance by some to use it without some preliminary tuition. To meet this a demonstration was staged at Whitchurch Clinic, when Professor Wm. W. Mushin, of the Welsh National School of Medicine, gave a very useful and informative lecture upon the drug, its uses, advantages, and administration, and gave a practical demonstration anaesthetising four patients, who were then operated upon. Both methods, i.e. Vinesthene by itself and as an adjuvant vapour, were employed. The demonstration was well attended by Medical Officers of the four Eastern Divisions, and all who attended were very much impressed. I am sure they have realised that the use of Vinesthene will solve many of their problems. We are indebted to Professor Mushin for his very willing co-operation.

I feel I should like to make brief reference to the report of the Ministry, 'The Health of the School Child,' for 1952-53. There are a few paragraphs headed 'Misguided Economy in School Dental Equipment,' in which comment is made on the folly of 'spoiling the ship for a ha'porth of tar. I must say that I feel that our policy in this matter of equipment is above such criticism, the greater part being of a good modern standard. The introduction of dental units would be a still further progressive step but one which, in our case, should be introduced gradually because of the number of our clinics and the high cost of these items. I should, however, like to advise better operating lights in some of our clinics. Our present lighting arrangements, for the most part, are rather a strain for the patient and by no means ideal for the operator. A new shadowless operating lamp has been introduced, which is a distinct advance upon all previous types, and their installation in our clinics would be a tremendous improvement and a step which I should like to recommend.



At professional gatherings and in our journals the keynote is still 'Prevention,' and as a means to that end the hope is expressed on all sides that the fluoridation of water supplies will become an accepted policy, and now the authorisation of pilot schemes is announced. Research is very active just now to determine just how fluorides have the property of inhibiting dental caries. It is not claimed by any of the protagonists of fluoridation schemes that complete immunity to caries will be conferred upon the dentition, but that the presence of the fluorides does have the property of inhibiting caries, so that its incidence will be reduced to a proportion which can be controlled. In last year's report I spoke of the detection of the presence of fluorides in the water supply at Abergwynfi in the Port Talbot and Glyncoirwg Division. Mr. H. P. R. Williams, Dental Officer in this division, carried out a survey to determine what result, if any, this had upon the teeth of school children in this area. The amount of fluorine present in the water supply of the area was so very small that its effect upon the dentition was negligible, a result which was not altogether unexpected, but in view of its topical interest the survey was justifiable."

# 11. NEW SCHOOLS OR ADDITIONS.

During the year the County Architect completed the following new schools or additions to existing schools :—

Llanrhidian Primary School	.. ..	One classroom.
Cwm Ifor Junior Mixed and Infants' School	.. ..	New school.
Croeserw Infants' School	.. ..	New school.
Sandfields Junior Mixed and Infants' School	.. ..	New school.
Bryncelynnog School	.. ..	One classroom. One science room.
Rhigos Primary School	.. ..	One classroom.
Aberdare College of Further Education	.. ..	New college.
Crynallt Junior School	.. ..	One classroom.
Gorseinon College of Further Education	.. ..	New college.
Eglwys Wen Junior Mixed and Infants' School	.. ..	New school.
Kenfig Hill New Secondary School	.. ..	New school.
Newton Primary School	.. ..	Two classrooms.
Tonysguboriau Junior Mixed School	.. ..	One classroom.
Corneli Infants' School	.. ..	New school.
Penllergaer Junior Mixed and Infants' School	.. ..	Extension of kitchen and dining room.
Bargod Infants' School	.. ..	Provision of new vegetable store.
Cwm Nedd Secondary School	.. ..	Provision of new scullery.
Ogmore Vale Grammar School	.. ..	Provision of new vegetable store.
St. Augustine's Church Institute	.. ..	Adaptation as canteen to serve Penarth R.C., C. of E., and Albert Schools.
Knelston County Primary School	.. ..	Adaptation of school house as canteen.
Pontypridd Junior Technical School	.. ..	Provision of new vegetable store.



12. INSPECTION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

(a) Boarded-out Children.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection .. ..	4	8	10	5	3	2	14	4	19	69
Reinspection .. ..	34	32	36	5	101	18	31	7	19	283
Number referred for treatment ..	2	10	9	—	17	3	16	2	6	65

(b) Children in Homes.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection .. ..	31	—	109	38	87	—	—	—	—	265
Reinspection .. ..	44	—	293	49	234	12	36	—	—	668
Number referred for treatment ..	22	—	47	17	74	2	11	—	—	173



## GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES  
IN RHONDDA (EXCEPTED DISTRICT) DURING 1954.

## GENERAL.

The total number of pupils on the registers of the schools in the district at the end of 1954 was 20,455 as compared with 20,863 pupils at the end of the previous year. Of the above total, 258 were in the two nursery schools, 13,580 were in primary schools, and 6,629 were in secondary schools, the latter group including pupils attending whole-time at the technical institute. There were 2,256 children under five years of age on the registers of the primary schools.

## MEDICAL INSPECTION.

The number of children inspected in the three specified age groups was 3,341, of whom 1,343 were in the "entrant" group, 1,311 were in the "second" age group, and 687 were in the "third" age group; the number of children examined as "specials" was 222, and 3,543 children were re-examined, so that the total number of medical examinations amounted to 7,106.

## FINDINGS OF MEDICAL INSPECTION.

The assessment of the general condition of the 3,341 children examined in the three routine age groups is shown in Table I. It will be seen that when the percentages for both sexes in all age groups are combined, 53.28 per cent of all pupils examined were classified as being in "Good" general condition (A); 44.27 per cent were classified as being "Fair" (B); and 2.15 per cent as being "Poor" (C).

TABLE I.  
CLASSIFICATION OF THE GENERAL CONDITION OF CHILDREN INSPECTED DURING THE YEAR 1954.

Age groups	Sex	No. of children inspected	A. GOOD		B. FAIR		C. POOR	
			No.	%	No.	%	No.	%
Entrants	Boys ..	661	311	47.05	329	49.77	21	3.18
	Girls ..	682	334	48.97	327	47.95	21	3.08
	Total ..	1,343	645	48.03	656	48.84	42	3.13
Second age group	Boys ..	690	376	54.49	299	43.33	15	2.17
	Girls ..	621	414	66.66	199	32.05	8	1.29
	Total ..	1,311	790	60.26	498	37.99	23	1.75
Third age group	Boys ..	309	70	22.65	234	75.73	5	1.62
	Girls ..	378	275	72.75	101	26.72	2	0.53
	Total ..	687	345	50.22	335	48.76	7	1.02
Totals ..	Boys ..	1,660	757	45.60	862	51.92	41	2.47
	Girls ..	1,681	1,023	60.86	627	37.30	31	1.84
Grand totals		3,341	1,780	53.28	1,489	44.27	72	2.15

Though these figures are appreciably different from those obtained from the results of examinations carried out in 1953, it is extremely doubtful if they are a reflection of any actual differences in the general condition of the pupils examined during 1953 and 1954.



In Table II the classification of the general condition of male entrants inspected during 1947-54 is shown and the percentages in each of the three groups A, B, and C have been charted.

TABLE II.

CLASSIFICATION OF THE GENERAL CONDITION OF MALE ENTRANTS INSPECTED 1947-1954.

	Total No. of children examined	A = GOOD		B = FAIR		C = POOR	
		No. of children in group	% of total inspected	No. of children in group	% of total inspected	No. of children in group	% of total inspected
1947	712	653	91.7	58	8.1	1	0.1
1948	1,255	889	70.8	341	27.2	25	2.0
1949	1,316	1,084	82.4	221	16.8	11	0.8
1950	887	736	83.0	146	16.5	5	0.6
1951	695	448	64.5	244	35.1	3	0.4
1952	976	132	13.5	832	85.2	12	1.2
1953	1,229	168	13.67	1,006	81.86	55	4.48
1954	661	311	47.05	329	49.77	21	3.18

The table illustrates clearly the "see-saw" like movement that has occurred between the group classified as "Good" (A) and "Fair" (B). If one were to accept these figures at their face value it would appear that certain dramatic changes must have occurred to affect the general condition of children born during the years 1949-1952 (taking average age of entrants to be 5 years). In actual fact, the abrupt change in the percentage of classification of groups A and B in 1950-1952 can almost certainly be traced to a change of staff in the School Medical Service at that time. The sharp rise in the percentage classified as (C) is due to a change in the method of assessment by one medical officer.

When these considerations are borne in mind it would appear that the statistical value of the figure relating to the assessment of the general condition of pupils inspected at routine examinations are of very limited value in the administrative or scientific fields—a view long held by many medical officers engaged in this type of work.

#### TREATMENT.

##### *Minor Ailments.*

The number of children treated at minor ailment clinics was 249 as compared with 167 children treated in the previous year; the total number of attendances for treatment amounted to 731. Of the 249 children seen at the clinic for the first time, 171 were treated for impetigo, i.e. approximately 70 per cent. The attendance at the clinic for this cause over the past four years is shown in Table III.



TABLE III.

TABLE SHOWING TOTAL NUMBER OF NEW CASES SEEN AT MINOR AILMENT CLINICS AND NUMBER OF NEW CASES OF IMPETIGO TREATED.

Year	Total new cases	No. of new cases of Impetigo
1951	92	27
1952	86	19
1953	167	88
1954	249	171

It is interesting to speculate whether the great increase in the number of cases of impetigo treated is indicative of an increased incidence of the disease or whether it is likely to be due to a more frequent use of the clinic facilities for the treatment of this condition.

#### *Effective Vision and Squint.*

843 children were examined for refractive errors in the Authority's clinics, and 15 children received operative treatment for the correction of squint in the ophthalmic department at the Llwynypia Hospital.

#### *Ear, Nose, and Throat Defects.*

During the year 648 children received operative treatment for enlarged tonsils and adenoids, 28 children received similar treatment for diseases of the ear, and 29 children for other nose and throat conditions, whilst 58 children received other forms of treatment.

#### *Orthopaedic Treatment.*

The treatment of orthopaedic defects was continued under the direction and supervision of Mr. Rocyn Jones, Orthopaedic Surgeon, who visited the Carnegie Welfare Centre at monthly intervals; 42 children were examined for the first time and 103 children were re-examined during these visits. Twenty-two children were admitted during the year to the Prince of Wales Hospital, Cardiff. The whole-time physio-therapist also carried out treatment at the clinics and the 435 children seen made a total of 2,934 attendances.

#### *Speech Therapy.*

During the year the speech therapist's time continued to be divided between work in her special clinics and in school. Not all the children found to have a defect of speech were referred to the treatment clinic. Table IV shows the distribution by defect and sex of those who were so referred.

TABLE IV.

CLASSIFICATION OF SPEECH DEFECTS AND DISORDERS FOR BOTH SEXES.  
PUPILS REFERRED FOR TREATMENT AT CLINIC.

	B.	G.
Stammering ..	60	11
Dyslalia .. ..	22	10
Cleft Palate ..	4	6
Other .. ..	—	1
	86	28
	114	



The numbers are small but there is definitely a marked preponderance of males suffering from defective speech.

Each child suffering with stammer, cleft palate, or dysarthria has approximately 20 minutes therapy each week, many of these with stammer being treated in groups. It is perhaps questionable whether this is enough therapy to effect any marked improvement, although where the home environment is good and the child is encouraged to do home practise then maybe one weekly session will suffice.

The provision of a tape recorder has been of great value in the treatment and recording of progress of children with speech defect and the speech therapist again reports that during her periodic visits to schools she has always received full co-operation from all heads of departments and teaching staff.

#### *Infectious Diseases.*

In July, 1954, four cases of paratyphoid occurred in a party of 48 school children and staff who had visited Paris on an official school trip. The Public Health Laboratory Service informed us that the causative organism in all cases was of the type S. Dundee—which is apparently rare in this country, but is commonly implicated in outbreaks on the continent.

During the year 15 children under 15 years of age were notified as suffering from pulmonary T.B.

Towards the end of the year there was a marked increase in the number of notifications of scarlet fever over the previous year—the excess numbers coming from one particular part of the Rhondda Fach. On investigation this increase would seem to be due to a genuine increase.

#### *Dental Treatment.*

The dental inspection and treatment of school children continued to be seriously handicapped by lack of dental staff. 2,064 children were inspected in the schools and 79.0 per cent of those inspected were referred for treatment; in addition, 2,836 children were examined as “specials.” The number of children actually treated at the dental clinics during the year was 3,058.

#### *Hospital Treatment.*

Reports were received during the year in respect of 788 school children who were treated in the various hospitals serving the district for conditions other than enlarged tonsils and adenoids. The principal conditions diagnosed and treated amongst such children were: appendicitis in 104 instances, nephritis or genital diseases in 40 cases, epilepsy in 11 cases, fractures in 73 instances, and allergy or asthma in 13 cases. Reports were also received concerning 30 children who were seen at the Child Guidance Clinics at East Glamorgan Hospital. The reports received from the hospitals have proved of considerable value to the medical staff.

#### MISCELLANEOUS WORK.

In addition to numerous special examinations of children at the school clinics, the medical staff examined 129 candidates who were applying for admission to training colleges and four applicants prior to entry into the teaching profession.

#### CONCLUSION.

The work of the School Health Service in this area continued to be hampered by frequent changes and shortages of medical and dental staff. It is hoped that 1955 will see a stabilisation on the former side, though it is very unlikely that any addition to the dental staff will occur as the Public Health Dental Service seems to be even less attractive than the Medical Service. Whilst such conditions exist, the services provided by the Local Authority must necessarily be curtailed—to the detriment of the child population.

**R. B. MORLEY-DAVIES,**

*District School Medical Officer.*



1954.

## STATISTICAL APPENDIX.

TABLE I.

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

## A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in Prescribed Groups :—

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. .. .	3,040	1,579	2,136	615	990	1,535	2,169	991	1,343	14,398
Second Age Group .. .. .	1,268	1,099	1,756	772	1,163	781	1,058	862	1,311	10,070
Third Age Group .. .. .	869	954	1,239	496	969	618	562	350	687	6,744
Total .. .. .	5,177	3,632	5,131	1,883	3,122	2,934	3,789	2,203	3,341	31,212
Residential Special Schools .. .. .	—	46	102	—	—	—	—	—	—	148
Grand Total .. .. .	5,177	3,678	5,233	1,883	3,122	2,934	3,789	2,203	3,341	31,360

## B.—OTHER INSPECTIONS.

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Special Inspections .. .. .	1,105	927	868	482	1,473	803	494	549	222	6,923
Reinspections .. .. .	2,371	3,246	3,240	774	2,164	2,443	2,375	1,649	3,543	21,805
Total .. .. .	3,476	4,173	4,108	1,256	3,637	3,246	2,869	2,198	3,765	28,728

## C.—PUPILS FOUND TO REQUIRE TREATMENT.

(i) For Defective Vision (excluding Squint) :—

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. .. .	15	6	31	—	7	7	17	20	3	106
Second Age Group .. .. .	97	78	94	45	108	83	103	62	111	781
Third Age Group .. .. .	43	65	116	37	70	87	53	20	38	529
Total .. .. .	155	149	241	82	185	177	173	102	152	1,416
Residential Special Schools .. .. .	—	8	—	—	—	—	—	—	—	8
Grand Total .. .. .	155	157	241	82	185	177	173	102	152	1,424

Information in respect of the Glamorgan Residential Special School, Hendre, has been included with Caerphilly Division, and in respect of Glamorgan Residential School for the Blind with Mid-Glamorgan Division.



TABLE I.C.—PUPILS FOUND TO REQUIRE TREATMENT—*continued*.

(ii) For any other conditions recorded in Table II.A :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. ..	134	173	194	130	160	89	492	200	307	1,879
Second Age Group .. ..	49	59	67	103	74	38	184	91	137	802
Third Age Group .. ..	28	73	29	12	29	29	82	11	62	355
Total .. ..	211	305	290	245	263	156	758	302	506	3,036
Residential Special Schools ..	—	18	20	—	—	—	—	—	—	38
Grand Total .. ..	211	323	310	245	263	156	758	302	506	3,074

(iii) Total number of individual pupils requiring treatment :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. ..	148	178	223	130	167	95	503	215	308	1,967
Second Age Group .. ..	146	132	161	144	182	119	271	139	239	1,533
Third Age Group .. ..	71	135	142	45	99	115	128	31	97	863
Total .. ..	365	445	526	319	448	329	902	385	644	4,363
Residential Special Schools ..	—	23	20	—	—	—	—	—	—	43
Grand Total .. ..	365	468	546	319	448	329	902	385	644	4,406



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1954.

(i) Periodic Inspections—Number of Defects requiring treatment :—

Defect or Disease.	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin .. .. .	2	20	16	6	6	3	18	7	29	107
Eyes—(a) Vision .. ..	155	157	241	82	185	177	173	102	152	1,424
(b) Squint .. ..	6	24	17	6	10	19	56	13	36	187
(c) Other .. ..	4	7	10	10	11	—	8	1	26	77
Ears—(a) Hearing .. ..	—	3	4	7	2	1	12	4	4	37
(b) Otitis Media ..	3	8	—	7	2	4	5	2	4	35
(c) Other .. ..	2	—	1	2	1	1	2	—	6	15
Nose or Throat .. ..	51	42	148	52	67	45	60	78	64	607
Speech .. .. .	8	21	23	3	6	6	39	15	14	135
Cervical Glands .. ..	1	7	1	7	14	1	35	3	9	78
Heart and Circulation ..	4	5	7	7	4	6	2	7	56	98
Lungs .. .. .	32	22	13	19	2	5	7	15	43	158
Developmental—(a) Hernia ..	—	3	2	—	—	2	3	—	—	10
(b) Other .. ..	2	3	1	1	2	3	4	8	7	31
Orthopaedic—(a) Posture ..	13	51	6	8	12	8	74	8	38	218
(b) Flat Foot ..	35	86	38	115	35	33	284	49	80	755
(c) Other .. ..	57	42	29	37	115	30	286	66	57	719
Nervous System—(a) Epilepsy	2	1	1	—	2	—	5	1	2	14
(b) Other .. ..	5	1	—	—	2	—	—	2	3	13
Psychological—										
(a) Development .. ..	5	3	1	3	—	—	3	4	3	22
(b) Stability .. ..	—	3	—	—	—	—	1	—	1	5
Other Defects and Diseases ..	6	6	8	8	19	1	9	63	28	148
Totals .. .. .	393	515	567	380	497	345	1,086	448	662	4,893



TABLE II.A—PERIODIC INSPECTIONS—*continued*.

(ii) Number of Defects requiring to be kept under observation, but not requiring treatment :—

Defect or Disease.	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
Skin .. .. .	52	54	48	29	18	28	33	34	59	355
Eyes—(a) Vision .. ..	108	49	6	3	13	66	57	—	72	374
(b) Squint .. ..	31	35	10	19	8	31	26	15	53	228
(c) Other .. ..	13	7	15	5	3	12	21	25	9	110
Ears—(a) Hearing .. ..	10	29	15	3	42	4	11	11	18	143
(b) Otitis Media ..	40	27	5	20	6	11	13	3	11	136
(c) Other .. ..	6	2	10	2	23	1	12	5	30	91
Nose or Throat .. ..	354	266	527	183	362	177	340	237	363	2,809
Speech .. .. .	21	12	21	8	16	8	26	21	48	181
Cervical Glands .. ..	110	117	286	142	132	133	185	149	260	1,514
Heart and Circulation ..	61	85	150	34	70	35	122	31	154	742
Lungs .. .. .	184	149	156	77	114	71	100	115	76	1,042
Developmental—(a) Hernia ..	9	11	9	1	5	8	5	3	3	54
(b) Other .. ..	110	36	15	12	13	14	15	18	60	293
Orthopaedic—(a) Posture ..	9	19	29	2	10	28	21	4	28	150
(b) Flat Foot .. ..	108	53	130	16	55	43	53	15	59	532
(c) Other .. ..	237	54	99	25	151	43	131	42	128	910
Nervous System—(a) Epilepsy	7	7	3	2	1	8	12	4	6	50
(b) Other .. ..	11	14	3	5	6	10	6	4	10	69
Psychological—										
(a) Development .. ..	4	13	4	9	26	9	7	6	28	106
(b) Stability .. ..	2	4	—	2	3	3	10	5	24	53
Other Defects and Diseases ..	16	55	18	24	46	20	72	25	56	332
Totals .. .. .	1,503	1,098	1,559	623	1,123	763	1,278	772	1,555	10,274



TABLE II.A.—*continued.*

(iii) Special Inspections—Number of Defects requiring treatment:—

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin .. .. .	2	20	7	1	5	4	4	3	—	46
Eyes—(a) Vision .. ..	11	28	8	4	36	15	18	19	1	140
(b) Squint .. ..	2	1	1	3	6	5	—	—	—	18
(c) Other .. ..	2	1	—	1	10	1	1	1	—	17
Ears—(a) Hearing .. ..	7	8	27	3	18	—	10	13	—	86
(b) Otitis Media ..	1	5	3	2	1	2	3	1	—	18
(c) Other .. ..	14	15	41	—	8	—	12	3	—	93
Nose or Throat .. ..	47	141	102	28	189	68	44	54	—	673
Speech .. .. .	18	21	3	7	17	5	7	8	—	86
Cervical Glands .. ..	—	1	1	16	23	—	2	5	—	48
Heart and Circulation ..	1	2	2	2	20	1	5	3	2	38
Lungs .. .. .	15	29	7	6	10	3	12	12	—	94
Developmental—(a) Hernia ..	—	1	—	—	—	—	—	—	—	1
(b) Other .. ..	2	2	—	2	1	1	—	10	—	18
Orthopaedic—(a) Posture ..	2	15	1	1	3	5	3	3	—	33
(b) Flat Foot .. ..	7	11	1	2	6	9	13	1	—	50
(c) Other .. ..	14	13	3	3	26	3	14	8	1	85
Nervous System—(a) Epilepsy ..	—	4	7	1	3	—	—	—	—	15
(b) Other .. ..	2	3	1	—	13	—	2	2	1	24
Psychological—										
(a) Development .. ..	9	63	54	2	35	—	39	31	—	233
(b) Stability .. ..	—	2	—	—	2	2	5	4	1	16
Other Defects and Diseases ..	2	23	4	3	40	—	15	23	2	112
Totals .. .. .	158	409	273	87	472	124	209	204	8	1,944



TABLE II.A—SPECIAL INSPECTIONS—*continued*.

(iv) Number of Defects requiring to be kept under observation, but not requiring treatment :—

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin .. .. .	6	8	17	6	16	15	—	9	—	77
Eyes—(a) Vision .. ..	8	1	1	5	4	21	3	1	—	44
(b) Squint .. ..	8	1	—	9	2	8	1	1	—	30
(c) Other .. ..	7	2	2	4	4	2	—	3	—	24
Ears—(a) Hearing .. ..	22	13	129	6	70	2	8	4	—	254
(b) Otitis Media ..	3	—	2	15	—	11	1	1	—	33
(c) Other .. ..	46	6	10	4	9	1	11	3	—	90
Nose or Throat .. ..	337	77	61	117	299	126	86	57	—	1,160
Speech .. .. .	6	3	10	15	15	7	4	4	—	64
Cervical Glands .. ..	19	16	28	95	105	61	9	21	—	354
Heart and Circulation ..	9	29	23	18	107	42	7	10	1	246
Lungs .. .. .	45	58	35	87	150	88	12	37	—	512
Developmental—(a) Hernia ..	—	—	1	2	5	3	—	2	—	13
(b) Other .. ..	19	18	1	4	12	9	2	13	—	78
Orthopaedic—(a) Posture ..	2	2	2	2	7	3	1	1	—	20
(b) Flat Foot .. ..	6	—	5	13	13	6	—	1	1	45
(c) Other .. ..	17	6	14	9	54	12	4	10	—	126
Nervous System—(a) Epilepsy	3	10	1	5	8	8	2	1	—	38
(b) Other .. ..	13	8	3	1	13	7	1	2	—	48
Psychological—										
(a) Development .. ..	27	22	5	3	40	14	13	20	—	144
(b) Stability .. .. .	—	5	4	1	9	5	4	6	—	34
Other Defects and Diseases ..	19	23	4	30	39	4	12	14	—	145
Totals .. .. .	622	308	358	451	981	455	181	221	2	3,579



TABLE II—continued.

## B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

## (i) Entrants :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	149	4.90	320	20.27	851	39.84	197	32.03	176	17.78	547	35.63	302	13.92	470	47.43	645	48.03	3,657	25.58
B—Fair ..	2,886	94.93	1,210	76.63	1,274	59.65	408	66.34	800	80.81	971	63.26	1,830	84.37	508	51.26	656	48.84	10,543	73.74
C—Poor ..	5	0.16	49	3.10	11	0.51	10	1.63	14	1.41	17	1.11	37	1.71	13	1.31	42	3.13	198	1.38
Total ..	3,040	—	1,579	—	2,136	—	615	—	990	—	1,535	—	2,169	—	991	—	1,243	—	14,398	—

## (ii) Second Age Group :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	146	11.51	327	29.75	946	53.87	230	29.79	372	31.99	271	34.70	183	17.30	420	48.72	790	60.25	3,685	36.59
B—Fair ..	1,112	87.70	745	67.79	799	45.50	535	69.30	769	66.12	500	64.02	848	80.15	432	50.12	498	37.99	6,238	61.95
C—Poor ..	10	0.79	27	2.46	11	0.63	7	0.91	22	1.89	10	1.28	27	2.55	10	1.16	23	1.75	147	1.46
Total ..	1,268	—	1,099	—	1,756	—	772	—	1,163	—	781	—	1,058	—	862	—	1,311	—	10,070	—

## (iii) Third Age Group :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	46	5.29	289	30.29	671	54.16	137	27.62	343	35.40	246	39.81	50	8.90	165	47.14	345	50.22	2,292	33.98
B—Fair ..	822	94.59	607	63.63	565	45.60	353	71.17	615	63.47	366	59.22	479	85.23	178	50.86	335	48.76	4,320	64.06
C—Poor ..	1	0.12	58	6.08	3	0.24	6	1.21	11	1.13	6	0.97	33	5.87	7	2.00	7	1.02	132	1.96
Total ..	869	—	954	—	1,239	—	496	—	969	—	618	—	562	—	350	—	687	—	6,744	—



TABLE II. B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR—*continued*.

## (iv) Residential Special Schools :—

A—Good.		B—Fair.		C—Poor.		Total No. Inspected.
No.	%	No.	%	No.	%	
14	9.40	130	87.90	4	2.70	148

## (v) Combined Age Groups and Residential Special Schools :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	341	6.59	940	25.56	2,478	47.35	564	29.95	891	28.54	1,064	36.26	535	14.12	1,055	47.89	1,780	53.28	9,648	30.77
B—Fair ..	4,820	93.10	2,602	70.74	2,728	52.13	1,296	68.83	2,184	69.95	1,837	62.61	3,157	83.32	1,118	50.75	1,489	44.57	21,231	67.70
C—Poor ..	16	0.31	136	3.70	27	0.52	23	1.22	47	1.51	33	1.13	97	2.56	30	1.36	72	2.15	481	1.53
Total ..	5,177	—	3,678	—	5,233	—	1,883	—	3,122	—	2,934	—	3,789	—	2,203	—	3,341	—	31,360	—



B.—(i) UNCLEANLINESS.  
SHOWING THE RESULT OF THE EXAMINATION AND RE-EXAMINATION OF PUPILS IN REGARD TO CLEANLINESS BY THE SCHOOL NURSES.  
BOYS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhonddda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
(i) Total number of examinations in the schools by the School Nurses or other authorised persons	23505	—	15290	—	22549	—	13898	—	14864	—	11713	—	13964	—	27250	—	23943	—	166976	—
(ii) Total number of individual pupils found to be infested	23265	98.98	15116	98.86	22407	99.37	13813	99.39	14687	98.81	11620	99.21	13823	98.99	27168	99.70	23627	98.68	165526	99.13
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	234	1.00	170	1.11	138	0.61	81	0.58	168	1.13	89	0.76	127	0.91	80	0.29	311	1.30	1398	0.84
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	6	0.02	4	0.03	4	0.02	4	0.03	9	0.06	4	0.03	14	0.10	2	0.01	5	0.02	52	0.03
Head—																				
Clean	23419	99.63	15243	99.69	22454	99.58	13897	99.99	14827	99.75	11703	99.91	13932	99.77	27236	99.95	23914	99.88	166625	99.79
Dirty	86	0.37	45	0.30	95	0.42	1	0.01	37	0.25	10	0.09	32	0.23	14	0.05	27	0.11	347	0.20
Vermineous	—	—	2	0.01	—	—	—	—	—	—	—	—	—	—	—	—	2	0.01	4	0.01
Clothing—																				
Clean	23350	99.34	15215	99.51	22406	99.37	13894	99.97	14821	99.71	11702	99.91	13917	99.66	27239	99.96	23926	99.93	166470	99.70
Dirty	155	0.66	75	0.49	143	0.63	4	0.03	43	0.29	11	0.09	47	0.34	11	0.04	17	0.07	506	0.30
No. of re-examinations	572	—	927	—	1133	—	464	—	949	—	1052	—	230	—	457	—	318	—	6102	—
Head—																				
Clean	218	38.11	633	68.29	712	62.84	318	68.54	570	60.06	867	82.41	161	70.00	364	79.65	181	56.92	4024	65.95
Nits	347	60.67	281	30.31	419	36.98	142	30.60	357	37.62	180	17.11	64	27.83	93	20.35	134	42.14	2017	33.05
Pediculi and sores	7	1.22	13	1.40	2	0.18	4	0.86	22	2.32	5	0.48	5	2.17	—	—	3	0.94	61	1.00
Body—																				
Clean	541	94.58	815	87.92	849	74.93	454	97.84	832	87.67	1014	96.39	216	93.91	424	92.78	314	98.74	5459	89.46
Dirty	31	5.42	111	11.97	284	25.07	10	2.16	112	11.80	38	3.61	14	6.09	33	7.22	4	1.26	637	10.44
Vermineous	—	—	1	0.11	—	—	—	—	5	0.53	—	—	—	—	—	—	—	—	6	0.10
Clothing—																				
Clean	539	94.23	760	81.98	797	70.34	449	96.77	834	87.88	1012	96.20	212	92.17	426	93.22	316	99.37	5345	87.59
Dirty	33	5.77	167	18.02	336	29.66	15	3.23	115	12.12	40	3.80	18	7.83	31	6.78	2	0.63	757	12.41



TABLE III—continued.

B—(ii).  
GIRLS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondla		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations ..	21142	—	13102	—	19987	—	13138	—	13677	—	10235	—	13763	—	25185	—	23161	—	153390	—
Head—																				
Clean ..	20374	96.37	12595	96.13	19663	98.38	12767	97.18	13032	95.28	9995	97.65	13245	96.24	24776	98.38	21615	93.32	148062	96.53
Nits ..	751	3.55	485	3.70	319	1.59	364	2.77	638	4.67	236	2.31	507	3.68	401	1.59	1537	6.65	5238	3.41
Pediculi and sores	17	0.08	22	0.17	5	0.03	7	0.05	7	0.05	4	0.04	11	0.08	8	0.03	9	0.04	90	0.06
Body—																				
Clean ..	21077	99.69	13075	99.79	19954	99.83	13137	99.99	13657	99.85	10232	99.97	13753	99.93	25180	99.98	23151	99.96	153216	99.89
Dirty ..	65	0.31	27	0.21	33	0.17	1	0.01	20	0.15	3	0.03	10	0.07	5	0.02	10	0.04	174	0.11
Vermineous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clothing—																				
Clean ..	20976	99.21	13065	99.72	19937	99.75	13135	99.98	13630	99.66	10231	99.96	13750	99.91	25182	99.99	23151	99.96	153057	99.78
Dirty ..	166	0.79	37	0.28	50	0.25	3	0.02	47	0.34	4	0.04	13	0.09	3	0.01	10	0.04	333	0.22
No. of re-examinations	2119	—	2372	—	2368	—	1292	—	2794	—	1848	—	815	—	973	—	1506	—	16087	—
Head—																				
Clean ..	388	18.31	875	36.89	977	41.26	518	40.09	991	35.47	908	49.13	370	45.40	494	50.77	647	42.96	6168	38.34
Nits ..	1678	79.19	1452	61.21	1376	58.11	763	59.06	1692	60.56	930	50.33	433	53.13	479	49.23	853	56.64	9656	60.02
Pediculi and sores	53	2.50	45	1.90	15	0.63	11	0.85	111	3.97	10	0.54	12	1.47	—	—	6	0.40	263	1.64
Body—																				
Clean ..	2099	99.06	2322	97.89	2112	89.19	1289	99.77	2686	96.13	1836	99.35	809	99.26	946	97.23	1506	100.00	15605	97.00
Dirty ..	20	0.94	50	2.11	256	10.81	3	0.23	102	3.65	12	0.65	6	0.74	27	2.77	—	—	476	2.96
Vermineous	—	—	—	—	—	—	—	—	6	0.22	—	—	—	—	—	—	—	—	6	0.04
Clothing—																				
Clean ..	2079	98.11	2255	95.07	2075	87.63	1281	99.15	2695	96.46	1826	98.81	806	98.90	948	97.43	1506	100.00	15471	96.17
Dirty ..	40	1.89	117	4.93	293	12.37	11	0.85	99	3.54	22	1.19	9	1.10	25	2.57	—	—	616	3.83

## C.—VISITS TO HOMES BY SCHOOL NURSES.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondla	Total
Total number of visits paid to homes .. .. .	1,327	3,373	2,779	1,308	1,994	1,401	1,308	3,842	2,633	19,965



TABLE IV.

# RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

## A.—NUMBER OF HANDICAPPED PUPILS NEWLY PLACED IN SPECIAL SCHOOLS OR HOMES DURING THE YEAR.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	1	—	—	1	—	—	1	3
B. Partially Sighted .. ..	1	2	1	—	—	—	—	—	1	5
C. Deaf .. .. .	—	1	1	1	—	1	1	1	—	6
D. Partially Deaf .. ..	—	1	1	—	—	—	—	—	—	2
E. Delicate .. .. .	6	—	—	1	—	—	—	—	1	8
F. Educationally Sub-normal	35	9	12	8	12	4	12	5	4	101
G. Epileptic .. .. .	1	—	3	—	—	—	—	—	1	5
H. Maladjusted .. .. .	—	2	1	1	1	2	2	—	2	11
I. Physically Handicapped	1	1	2	—	—	1	1	1	2	9
Total .. .. .	44	16	22	11	13	9	16	7	12	150

## B.—NUMBER OF HANDICAPPED PUPILS NEWLY ASCERTAINED AS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN HOMES.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	1	—	—	—	—	—	1
B. Partially Sighted .. ..	—	1	2	—	1	—	—	—	1	5
C. Deaf .. .. .	—	4	—	1	—	3	1	1	—	10
D. Partially Deaf .. ..	—	2	—	—	—	—	—	—	1	3
E. Delicate .. .. .	7	2	1	1	—	—	—	—	1	12
F. Educationally Sub-normal	11	9	10	8	12	2	15	7	5	79
G. Epileptic .. .. .	—	—	1	—	—	—	2	—	1	4
H. Maladjusted .. .. .	—	2	1	1	1	1	1	—	2	9
I. Physically Handicapped	1	4	4	1	1	—	2	—	2	15
Total .. .. .	19	24	19	13	15	6	21	8	13	138



TABLE IV—*continued.*

C.—(i) (a) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL DAY SCHOOLS ON THE 1ST DECEMBER, 1954.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	1	—	—	—	—	—	—	1
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. ..	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	77	2	—	—	13	—	33	—	—	125
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	—	—	—	1	—	—	—	—	1
Total .. .. .	77	2	1	—	14	—	33	—	—	127

C.—(i) (b) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL BOARDING SCHOOLS ON THE 1ST DECEMBER, 1954.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	3	1	2	2	2	3	5	—	5	23
B. Partially Sighted.. ..	3	5	3	2	—	2	4	2	9	30
C. Deaf .. .. .	5	14	9	8	8	5	6	3	8	66
D. Partially Deaf .. ..	—	3	2	1	1	—	1	—	—	8
E. Delicate .. .. .	3	—	—	1	—	1	—	—	—	5
F. Educationally Sub-normal	3	13	18	8	11	5	4	5	4	71
G. Epileptic .. .. .	1	—	3	1	1	1	2	—	1	10
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	1	4	3	2	2	2	1	1	5	21
Total .. .. .	19	40	40	25	25	19	23	11	32	234



TABLE IV—continued.

## C.—(ii) NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON THE 1ST DECEMBER, 1954.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	2	2	2	1	—	1	1	3	12
I. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total .. .. .	—	2	2	2	1	—	1	1	3	12

## C.—(iii) NUMBER OF HANDICAPPED PUPILS ATTENDING INDEPENDENT SCHOOLS UNDER ARRANGEMENTS MADE BY THE AUTHORITY ON THE 1ST DECEMBER, 1954.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	1	1	1	—	—	—	2	—	—	5
D. Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	—	1	—	1	—	1	—	—	3
Total .. .. .	1	1	2	—	1	—	3	—	—	8



TABLE IV—*continued.*

## D.—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

## (a) TUITION AT HOME—PENDING ADMISSION TO SPECIAL SCHOOLS.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. ..	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	1*	—	—	—	—	—	1
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	1	1	1	3*	2	1*	—	1*	2	12
Total .. .. .	1	1	1	4*	2	1*	—	1*	2	13

\* Indicates children attending centres for Spastic Children.

## D.—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

## (b) TUITION AT HOME—UNSUITABLE FOR ADMISSION TO SPECIAL SCHOOLS.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. ..	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	1	—	—	—	1
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	2	2	5	1	3	3	8	—	6	32
Total .. .. .	2	2	5	1	3	4	8	2	6	33



TABLE IV—*continued*.

E.—NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL SCHOOLS (INCLUDING ANY SUCH UNPLACED CHILDREN WHO ARE TEMPORARILY RECEIVING HOME TUITION).

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	1	1	1	—	—	—	1	4
B. Partially Sighted .. ..	—	—	1	—	1	—	—	—	2	4
C. Deaf .. .. .	—	5	—	1	—	3	—	1	—	10
D. Partially Deaf .. ..	—	1	1	—	1	—	—	—	1	4
E. Delicate .. .. .	3	2	3	—	—	—	—	1	—	9
F. Educationally Sub-normal	11	63	37	17	20	7	15	27	28	225
G. Epileptic .. .. .	—	—	—	1	—	—	2	1	—	4
H. Maladjusted .. ..	—	1	1	—	—	1	—	—	—	3
I. Physically Handicapped	2	4	6	5	6	2	4	4	3	36
Total .. .. .	16	76	50	25	29	13	21	34	35	299

TABLE V.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1. A.—DISEASES OF THE SKIN (excluding Uncleanliness for which see Table III).

Disease or Defect	Number of cases treated or under treatment during the year under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm— (i) Scalp ..	—	—	—	1	—	—	—	—	4	5
(ii) Body .. ..	—	—	—	1	—	—	3	—	2	6
Scabies .. .. .	—	—	—	1	—	—	1	—	2	4
Impetigo .. .. .	11	—	—	46	13	—	5	—	171	246
Other Skin Diseases .. ..	9	—	—	41	8	—	21	—	18	97
Total .. .. .	20	—	—	90	21	—	30	—	197	358



TABLE V—*continued.*TREATMENT TABLE—*continued.*

## GROUP 1. B.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

Disease or Defect	Number of cases treated or under treatment during the year otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm— (i) Scalp .. ..	—	—	4	3	—	—	—	5	—	12
(ii) Body .. ..	—	1	2	—	—	—	1	2	2	8
Scabies .. ..	—	—	—	1	—	—	1	—	—	2
Impetigo .. ..	—	26	29	7	—	5	6	23	4	100
Other Skin Diseases .. ..	5	31	38	8	—	18	13	12	39	164
Total .. ..	5	58	73	19	—	23	21	42	45	286

## GROUP 2. A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

Disease or Defect	Number of cases dealt with under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint	140	—	—	88	10	—	62	—	15	315
Errors of refraction (including squint) .. ..	1,385	898	1,423	423	633	753	640	1,507	843	8,505
Total .. ..	1,525	898	1,423	511	643	753	702	1,507	858	8,820
Number of pupils for whom spectacles were										
(a) Prescribed .. ..	808	308	574	277	303	393	303	466	589	4,021
(b) Obtained .. ..	715	300	437	219	295	374	280	255	513	3,388



TABLE V—*continued*.TREATMENT TABLE—*continued*.

## GROUP 2. B.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

Disease or Defect	Number of cases dealt with otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint	2	9	1	—	4	15	4	3	9	47
Errors of refraction (including squint) .. .. .	3	15	—	14	55	8	19	6	20	140
Total .. .. .	5	24	1	14	59	23	23	9	29	187
Number of pupils for whom spectacles were										
(a) Prescribed .. .. .	—	10	—	14	—	—	17	—	—	41
(b) Obtained .. .. .	—	10	—	14	—	—	17	—	—	41

## GROUP 3. A.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	—	—	—	—	—	—	—	—	—	—
(b) For adenoids and chronic tonsillitis .. .. .	—	—	—	—	—	—	—	—	—	—
(c) For other nose and throat conditions .. .. .	—	—	—	—	—	—	—	—	—	—
Received other forms of treatment .. .. .	168	—	—	—	2	—	32	—	—	202
Total .. .. .	168	—	—	—	2	—	32	—	—	202



TABLE V—*continued*.TREATMENT TABLE—*continued*.

## GROUP 3. B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	2	—	16	—	4	19	2	3	28	74
(b) For adenoids and chronic tonsillitis .. ..	156	148	502	105	392	103	88	198	648	2,340
(c) For other nose and throat conditions .. ..	7	3	27	—	—	11	7	—	29	84
Received other forms of treatment .. ..	5	32	7	—	25	—	1	—	58	128
Total .. ..	170	183	552	105	421	133	98	201	763	2,626

## GROUP 4. ORTHOPAEDIC AND POSTURAL.

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) No. treated as in-patients in hospitals .. ..	3	12	16	6	12	16	8	4	22	99
(b) No. treated otherwise, e.g. in clinics or out-patient departments under the Authority's scheme ..	554	466	813	912	560	331	1,049	826	435	5,946
(c) No. treated otherwise, e.g. in clinics or out-patient departments other than under the Authority's scheme .. ..	4	11	—	31	21	6	6	27	15	121



TABLE V—*continued*.TREATMENT TABLE—*continued*.

## GROUP 5. CHILD GUIDANCE TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of pupils treated at Child Guidance Clinics under the Authority's scheme .. .. .	—	—	—	7	—	—	—	9	—	16
No. of pupils treated at Child Guidance Clinics otherwise than under the Authority's scheme ..	15	7	10	3	24	4	16	7	30	116

## GROUP 6. SPEECH THERAPY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of pupils treated by the Authority's Speech Ther- apists .. .. .	126	77	177	101	93	74	121	130	225	1,124
No. of pupils treated other- wise .. .. .	—	—	—	—	—	—	1	—	—	1



TABLE V—*continued*.TREATMENT TABLE—*continued*.

## GROUP 7. OTHER TREATMENT GIVEN.

	Number of cases treated under the Authority's scheme									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) Miscellaneous minor ailments .. ..	664	—	—	432	53	—	551	—	731	2,431
(b) Other—										
(i) Infective and Parasitic Diseases .. ..	—	—	—	—	—	—	—	—	—	—
(ii) Allergic Endocrine System Metabolic and Nutritional Diseases ..	—	—	—	10	—	—	—	—	—	10
(iii) Diseases of the Nervous System and Sense Organs .. ..	—	—	—	—	—	—	—	—	—	—
(iv) Diseases of the Circulatory System .. ..	89	—	—	—	—	—	—	—	—	89
(v) Diseases of the Respiratory System .. ..	—	—	—	21	—	—	—	—	—	21
(vi) Diseases of the Digestive System .. ..	—	—	—	—	—	—	—	—	—	—
(vii) Diseases of the Genito-Urinary System ..	—	—	—	—	—	—	—	—	—	—
(viii) Accidents and Injuries ..	—	—	—	—	—	—	—	—	—	—
(ix) Neoplasms .. ..	—	—	—	—	—	—	—	—	—	—
Total .. ..	753	—	—	463	53	—	551	—	731	2,551



TABLE V—*continued.*TREATMENT TABLE—*continued.*

## GROUP 7. B.—OTHER TREATMENT GIVEN.

	Number of cases treated otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
) Miscellaneous minor ailments .. .. .	17	13	—	10	27	—	—	15	4	86
) Other—										
(i) Infective and Parasitic Diseases .. .. .	—	2	—	1	6	—	—	1	—	10
(ii) Allergic Endocrine System Metabolic and Nutritional Diseases ..	—	6	3	3	6	2	1	1	6	28
iii) Diseases of the Nervous System and Sense Organs .. .. .	2	3	3	5	23	1	3	3	48	91
iv) Diseases of the Circulatory System .. .. .	1	—	3	5	19	—	5	7	3	43
v) Diseases of the Respiratory System .. .. .	1	11	29	21	30	22	5	4	66	189
vi) Diseases of the Digestive System .. .. .	1	2	—	1	57	—	—	—	13	74
vii) Diseases of the Genito-Urinary System ..	1	4	—	4	20	2	3	2	40	76
viii) Accidents and Injuries..	—	3	1	—	21	—	—	2	73	100
x) Neoplasms .. .. .	—	—	—	—	—	—	—	—	—	—
Total .. .. .	23	44	39	50	209	27	17	35	253	697



TABLE VI.

## DENTAL INSPECTION AND TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(1) No. of pupils inspected by the Authority's Dental Officers—										
(a) Periodic age groups	910	2,383	1,363	4,025	—	303	1,321	2,525	2,064	14,894
(b) Specials .. .. .	2,335	1,475	1,218	97	810	1,859	1,760	142	2,836	12,532
Total (1) ..	3,245	3,858	2,581	4,122	810	2,162	3,081	2,667	4,900	27,426
(2) No. found to require treat- ment .. .. .	2,803	3,015	2,321	2,275	810	2,100	2,422	2,032	4,454	22,232
(3) No. referred for treatment	2,376	3,015	2,293	2,269	798	2,085	2,419	2,032	4,454	21,741
(4) No. treated .. .. .	1,684	1,792	2,673	2,100	650	1,797	1,564	2,473	3,058	17,791
(5) Attendances for treatment	4,983	7,097	6,972	8,222	2,431	6,060	5,417	6,564	4,829	52,575
(6) Half-days devoted to—										
Inspection .. .. .	10	21	15	42	—	6	8	30	22	154
Treatment .. .. .	465	561	775	838	317	687	568	709	468	5,388
Total (6) ..	475	582	790	880	317	693	576	739	490	5,542
(7) Filling—										
Permanent teeth ..	752	1,837	1,195	2,734	810	1,204	1,927	1,178	440	12,077
Temporary teeth ..	88	181	248	589	263	109	189	138	14	1,819
Total (7) ..	840	2,018	1,443	3,323	1,073	1,313	2,116	1,316	454	13,896
(8) No. of teeth filled—										
Permanent .. .. .	713	1,673	1,076	2,490	756	1,193	1,575	1,087	225	10,788
Temporary .. .. .	86	177	242	569	258	109	184	138	8	1,771
Total (8) ..	799	1,850	1,318	3,059	1,014	1,302	1,759	1,225	233	12,559
(9) Extractions—										
Permanent teeth ..	1,024	616	1,287	959	489	1,001	674	362	1,279	7,691
Temporary teeth ..	4,117	3,204	4,993	4,024	1,536	3,658	2,125	2,203	4,375	30,235
Total (9) ..	5,141	3,820	6,280	4,983	2,025	4,659	2,799	2,565	5,654	37,926
(10) Administrations of general anaesthetics for extractions	1,170	1,533	1,383	1,122	531	1,100	1,099	581	3,044	11,563
(11) Other operations—										
Permanent teeth ..	411	14	1,523	2,693	407	526	428	884	850	7,736
Temporary teeth ..	75	8	198	117	3	208	98	132	60	899
Total (11) ..	486	22	1,721	2,810	410	734	*526	1,016	910	8,635



Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
ABERDARE AND MOUNTAIN ASH Rock Grounds Clinic, Aberdare	DIVISION. Monday afternoon, Tuesday morning, Wednesday morning, Thursday, and Friday afternoon. Alternate Monday mornings and Friday mornings. Three Tuesday afternoons out of four, Friday morning. Alternate Monday mornings. Wednesday afternoon.	Periodically as required. Consultant—last Thursday morning in each month.  Periodically as required.  Periodically as required.	Alternate Thursdays. Postural—three Wednesday mornings in four. Consultant—once every four months.  Alternate Mondays. Consultant—once every four months.	Monday. Tuesday morning. Saturday morning.  Tuesday afternoon. Thursday.	<i>Paediatric</i> : Every fourth Monday afternoon. <i>E.N.T.</i> : Periodically as required. <i>Minor Ailments</i> : Thursday and Saturday mornings. <i>Minor Ailments</i> : Friday morning. <i>E.N.T.</i> : Periodically as required. <i>Minor Ailments</i> : Tuesday morning. <i>Minor Ailments</i> : Thursday morning.
Aberdare Road, Mountain Ash					
Walter Street, Abercynon					
Avondale Street, Ynysboeth					
Penrhiw-ceibr Secondary School					
CAERPHILLY AND GELLIGAER DIVISION. Old Cottage Homes, Park Road, Bargoed Tonyfelin Welsh Baptist Chapel Schoolroom, Bedwas Road, Caerphilly Beulah Chapel Schoolroom, Abertridwr County Offices, Caerphilly Road, Ystrad Mynach	VISION. Tuesday, Thursday, and Friday. Tuesday. Wednesday. Friday.  Monday, Wednesday, and Saturday.	Periodically as required. Periodically as required.  Periodically as required.	    Thursday. Tuesday—once monthly. Friday—once monthly.	    Tuesday and Wednesday.	    
MID-GLAMORGAN DIVISION. County Council Clinic, Quarella Road, Bridgend	Monday morning. Tuesday morning. Wednesday morning. Friday. Saturday morning. Monday, Tuesday, and Wednesday mornings. Thursday.	As required.	Wednesday.  One Thursday monthly.	Monday. Thursday.  Saturday morning.	    
Old Secondary School, Maesteg					
M. & C.W. Clinic, Ogwy Street, Nantymoel M. & C.W. Clinic, Park Avenue, Ogmore Vale M. & C.W. Clinic, Alexandra Road, Pontycymmer M. & C.W. Clinic, South Place, Porthcawl M. & C.W. Clinic, Church Street, Maesteg M. & C.W. Clinic, Greenmeadow, Coity Road, Bridgend	Monday morning. Tuesday morning. Thursday morning. Friday morning. Wednesday.	    	    	    Friday morning. Friday afternoon.	    



# SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—*con.*

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
NEATH AND DISTRICT DIVISION. M. & C.W. Clinic, Mary Street, Seven Sisters Llangatwg County Secondary School, Cadoxton, Neath School Clinic, Dyfed Road, Neath	Tuesday to Thursday when required. Tuesday.	— — As required.	— — Monday fortnightly, also when required.	— — Thursday, Friday, Saturday morning.	— — <i>Minor Ailment</i> : Tuesday afternoon. Friday morning. U.V.R. : Tuesday morning. <i>Child Guidance</i> : Tuesday afternoon fortnightly.
Girls' Department, Ynysfach Secondary School, Resolven M. & C.W. Clinic, Addoldy Road, Glynneath School Clinic, Hunter Street, Briton Ferry	— — Tuesday to Thursday when required. Tuesday, Wednesday, Thurs- day, and Friday mornings during school terms.	As required. When required. When required.	— — —	— — —	— — <i>Minor Ailment</i> : Wednes- day morning. Friday afternoon.
Boys' Department, Blaendulais County Secondary School, Seven Sisters M. & C.W. Clinic, Cefn Parc, Skewen	Monday. Wednesday. Thursday. Friday.	As required. Monday.	— — — —	— — — —	— — — —
PONTYPRIDD AND LLANTRISANT Central Clinic, Ynysyngharad Park, Pontypridd	DIVISION. Monday. Wednesday. Thursday.	As required.	Friday.	—	U.V.R. : Tuesday after- noon. Thursday morning. <i>Minor Ailment</i> : Tuesday morning. Thursday morn- ing. U.V.R. : Tuesday and Fri- day afternoon. Wednesday afternoon.
County Council Clinic, School Street, Tonyrefail	Thursday. Friday.	As required.	—	—	<i>Minor Ailment</i> : Monday morning.
School Clinic, Thompson Street, Ynysybwl Pontshonnorton Clinic, Merthyr Road, Pontypridd Mount Pleasant, Beddau	— — — —	— As required. — —	— As required. — —	— Wednesday. Friday morning. — —	— — U.V.R. : Monday after- noon. Friday afternoon.
Talbot Green County Council Clinic, Gelliarael Road, Gilfach Goch	— —	As required.	— —	Friday afternoon.	— —



SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—*con.*

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
PORT TALBOT AND GLYNCORRWG Council Offices, Talbach, Port Talbot	DIVISION. Monday, Tuesday, Wed- nesday. Thursday morning. Monday morning. Saturday morning. Thursday, Friday.	As required.  As required.  As required.	—  —  One Monday per month plus session when specialist visits.	Tuesday and Wednesday.  —  —	—  —  —
The Clinic, Pendarves Street, Aberavon	Wednesday afternoon. Alternate Thursday after- noons. Alternate Tuesday mornings. Alternate Tuesday mornings. Alternate Thursday after- noons.	—  —  As required.	—  —  —	—  —  —	—  —  —
Ynys Street, Port Talbot	—	—	—	—	—
Depot Road, Cwmavon	—	—	—	—	—
Villiers Road, Blaengwynfi Council Offices, Cymmer	—	—	—	—	—
SOUTH-EAST GLAMORGAN DIVISION Public Health Centre, Wood- lands Road, Barry	ON. Monday. Tuesday. Wednesday morning. Thursday afternoon. Friday.	Periodically.  —  —	—  —  —	—  —  —	Minor ailment. Tuesday morning. Friday morning.
Church Road, Cadoxton, Barry	—	—	—	—	—
"Beecroft," 112, Stanwell Road, Penarth	Friday.	As required.	Tuesday. Alternate Tuesdays.	Monday. Thursday. Friday.	—  —
Bishops Road, Whitchurch Llanilltud Fawr County Junior School, Llantwit Major	Alternate Wednesdays. Saturday morning.	As required.	As required.	Saturday morning.	—
WEST GLAMORGAN DIVISION. West Street, Gorseinon	As required.	As required.	Friday morning and Wednesday, once a month. One Friday and one Friday afternoon per month.	Tuesday morning. Wednesday. Monday and Tues- day afternoons.	Child Guidance: As required.  —  —  —  —
Infants' School, Pontardawe	As required.	As required.	—	—	—
Welfare Hall, Gwauncaeurgurwen Wern Infants' School, Ystalyfera Senior Mixed School, Pontar- dulais	Tuesday. Thursday. Thursday.	As required. As required.	— — —	— — —	— — —
Mixed and Infants' School, Bis- hopston	As required.	—	—	—	—
Welfare Hall, Penclawdd Junior Mixed School, Clydach	Monday afternoon. Tuesday.	— —	— —	— —	— —



# SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—*cont.*

Clinic address	Type of Clinic and Days held				Others
	Dental	Refraction	Orthopaedic	Speech Therapy	
RHONDDA EXCEPTED DISTRICT Welfare Centre, Ynyswen, Tre- orchy	Alternate weeks on Mon- day, Tuesday, Wednes- day, Thursday, Friday, Saturday morning. Alternate weeks on Mon- day, Tuesday, Wednes- day, Thursday, Friday, Saturday morning.	As required.	Thursday.	Thursday afternoon.	—
Welfare Centre, Trafalgar Ter- race, Ystrad	Alternate weeks on Mon- day, Tuesday, Wednes- day, Thursday, Friday, Saturday morning.	As required.	Tuesday afternoon. Friday morning.	Monday mornings.	—
Carnegie Welfare Centre, Trealaw	—	Thursday morning.	Specialist—second Wed- nesday in each month. Ordinary clinic, Tuesday morning, Wednesday, and Friday afternoons.	Tuesday afternoon.	—
Welfare Centre, Hendrecafn Road, Penygraig	—	—	—	Wednesday.	—
Welfare Centre, Ynys Villas, Ynysir Road, Ynysir	—	—	—	Friday.	—
Welfare Centre, Oakland Ter- race, Ferndale	Monday morning.	As required.	Monday. Saturday morning.	Tuesday afternoon. Saturday morning. Tuesday morning. Thursday morning.	—
Welfare Centre, Courthouse, Tonypandy	—	—	—	—	—

Other miscellaneous examinations of a non-specialist nature are held at the above clinics as required.